

SERFF Tracking Number: PHAR-126820179 State: Illinois
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: PHAR-126820179
 Company Tracking Number:
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0021 Pharmacy
 Made/Occurrence
 Product Name: Businessowners
 Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Filing at a Glance

Company: Pharmacists Mutual Insurance Company

Product Name: Businessowners SERFF Tr Num: PHAR-126820179 State: Illinois
 TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed-Filed State Tr Num: PHAR-126820179
 Made/Occurrence
 Sub-TOI: 11.0021 Pharmacy Co Tr Num: State Status:
 Filing Type: Rule Reviewer(s): Gayle Neuman
 Disposition Date: 03/13/2012
 Authors: Heidi Allen, Janine MacVey, Jen Swift
 Date Submitted: 09/17/2010 Disposition Status: Filed
 Effective Date Requested (New): 12/01/2010 Effective Date (New): 12/01/2010
 Effective Date Requested (Renewal): 12/01/2010 Effective Date (Renewal): 12/01/2010

State Filing Description:

General Information

Project Name: PM 1115B-IL & PM 1116B-IL Status of Filing in Domicile:
 Project Number: IL-BOP-12-10-FR Domicile Status Comments:
 Reference Organization: AAIS Reference Number: AAIS-2009-19R and AAIS-19LC
 Reference Title: Advisory Org. Circular:
 Filing Status Changed: 03/13/2012 Deemer Date:
 State Status Changed: Submitted By: Janine MacVey
 Created By: Janine MacVey
 Corresponding Filing Tracking Number: PHAR-126820180
 Filing Description:
 Pharmacists Mutual Insurance Company is a member of AAIS for our Businessowners Program in your state. With this filing we are submitting for your review and approval, our IL Businessowners Exception Page] Medical Malpractice Supplemental 12]10, which corresponds with our filing of revised endorsements PM 1115B]IL and PM 1116B]IL (SERFF Filing PHAR-126820180).

We would like for this revision to become effective for all policies written on or after December 1, 2010.

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Per state requirements, a copy of this filing was mailed to Gayle Neuman, Illinois Department of Insurance, 320 W Washington, Springfield, IL 62767, on September 17, 2010.

Company and Contact

Filing Contact Information

Janine MacVey, Rate Analyst janine.macvey@phmic.com
 PO Box 370 515-395-7207 [Phone]
 Algona, IA 50511 515-295-9306 [FAX]

Filing Company Information

Pharmacists Mutual Insurance Company	CoCode: 13714	State of Domicile: Iowa
808 Highway 18 West	Group Code: 775	Company Type: Mutual
P.O. Box 370	Group Name:	State ID Number:
Algona, IA 50511	FEIN Number: 42-0223390	
(800) 247-5930 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Pharmacists Mutual Insurance Company	\$0.00		

State Specific

Refer to our checklists prior to submitting filing

(http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): Yes

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Yes

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL

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LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. : http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm: Yes

Medical Malpractice rates/rules may only be submitted in paper.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": not applicable

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: not applicable

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 Product Name: Businessowners
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	03/13/2012	03/13/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	01/24/2012	01/24/2012	Janine MacVey	01/24/2012	01/24/2012
Pending Industry Response	Gayle Neuman	09/21/2011	09/21/2011	Janine MacVey	09/21/2011	09/21/2011
Pending Industry Response	Gayle Neuman	09/20/2011	09/20/2011	Janine MacVey	09/21/2011	09/21/2011
Pending Industry Response	Gayle Neuman	06/21/2011	06/21/2011	Janine MacVey	06/23/2011	06/23/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
No Change to Effective date	Note To Reviewer	Janine MacVey	03/13/2012	03/13/2012
effective date	Note To Filer	Gayle Neuman	03/12/2012	03/12/2012

<i>SERFF Tracking Number:</i>	<i>PHAR-126820179</i>	<i>State:</i>	<i>Illinois</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PHAR-126820179</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0021 Pharmacy</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR</i>		

SERFF Tracking Number: *PHAR-126820179* *State:* *Illinois*
Filing Company: *Pharmacists Mutual Insurance Company* *State Tracking Number:* *PHAR-126820179*
Company Tracking Number:
TOI: *11.0 Medical Malpractice - Claims* *Sub-TOI:* *11.0021 Pharmacy*
 Made/Occurrence
Product Name: *Businessowners*
Project Name/Number: *PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR*

Disposition

Disposition Date: 03/13/2012
Effective Date (New): 12/01/2010
Effective Date (Renewal): 12/01/2010
Status: Filed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PHAR-126820179 State: Illinois

Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: PHAR-126820179

Company Tracking Number:

TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0021 Pharmacy
Made/Occurrence

Product Name: Businessowners

Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document (revised)	Certification		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Actuarial support of rule the revised Rule 9.24.4 Pharmacy Services Professional Liability Coverage,		No
Supporting Document	Payment Plan		Yes
Rate (revised)	IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10		Yes
Rate	IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10		Yes
Rate	Countrywide Businessowners Exception Pages, edition 12 10		Yes
Rate	IL Businessowners Exception Page - Supplemental, edition 12 10		Yes
Rate	AAIS Businessowners Manuals		Yes

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Made/Occurrence
Product Name: Businessowners
Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/24/2012
Submitted Date 01/24/2012
Respond By Date 01/31/2012

Dear Janine MacVey,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Hopefully, this is my last question on this filing. It was not addressed in the last objection letter. The filing was submitted under the TOI for claims made AND occurrence. Do you write both types of coverage under this BOP? If yes, where is the factor for the other coverage and please label each for clarity. If you only write occurrence coverage, that is fine - just acknowledge that.

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,
Gayle Neuman

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Product Name: Businessowners
Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/24/2012
Submitted Date 01/24/2012

Dear Gayle Neuman,

Comments:

Response 1

Comments: We write the Pharmacy Professional coverage which is addressed in this filing on an occurrence basis.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Heidi Allen, Janine MacVey, Jen Swift

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/21/2011
Submitted Date 09/21/2011
Respond By Date 09/30/2011

Dear Janine MacVey,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

Where are the factors for occurrence vs. claims-made coverage, and the extended reporting period factors?

Can the medical liability coverage be written separately or only with a businessowner's policy?

If pages of the countrywide manual would be needed to determine the amount to charge for the medical liability coverage, such pages must also be provided in this filing.

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

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Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,
Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/21/2011
Submitted Date 09/21/2011

Dear Gayle Neuman,

Comments:

Thank you for taking time to speak with me about this filing. I have made the revisions that we discussed in our telephone conversation. Hopefully this will make our intent more clear and assist you in your review of the filing. If you need anything additional please let me know. I would be happy to answer any remaining questions you may have regarding our filing request.

Response 1

Comments: 1. The rating for the professional liability coverages are included in the IL Supplement. The only rating that has been revised is that for Pharmacy Professional Liability Coverage. We have added rating for compounding risks and credit for the use of risk management equipment. Rules 9.24.7, 9.24.8 and 9.50 have not been changed with this revision.

For clarity, I have added Rule 10.2 Professional Liability Individual Risk Premium Modifications to this supplement. This has not been revised from the rule provided in our Countrywide Businessowners Exception Pages, edition 12 10. I have added this in order that you would have all of the rating and coverage information pertaining to the pharmacy professional liability coverages in the Med Mal Supplement.

2. The professional liability coverages referenced in the IL Med Mal Supplement are only written with a Businessowners policy.

3. All of the rating and coverage information pertaining to the pharmacy professional liability coverages is included in the IL Businessowners Exception Page – Medical Malpractice Supplemental 12-10.pdf.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
IL Businessowners Exception All Page - Medical Malpractice Supplemental 12-10		Replacement	
Previous Version			
IL Businessowners Exception All Page - Medical Malpractice Supplemental 12-10		New	

Sincerely,
Heidi Allen, Janine MacVey, Jen Swift

SERFF Tracking Number: PHAR-126820179 State: Illinois
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Made/Occurrence
Product Name: Businessowners
Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/20/2011
Submitted Date 09/20/2011
Respond By Date 09/28/2011

Dear Janine MacVey,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

1. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?
2. Please attach exact pages being replaced and indicate what the effective date was for those pages. Or, are pages just being added?
3. Provide information indicating if any of the following are utilized: territory factors, payment plan, schedule rating plan.

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,
Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/21/2011
Submitted Date 09/21/2011

Dear Gayle Neuman,

Comments:

Response 1

Comments: 1. We use AAIS for our statistical reporting.

2. We have never filed this program under Medical Malpractice before. In the past this has always been completely filed under our Businessowners Program. The effective date of the approved Businessowners Program filing associated with this revision was December 1, 2010. The same effective date has been requested for this filing.

3. The professional liability premiums are not based on territory. As stated in Rule 9.24.4 the Pharmacy Professional Liability Premium is calculated based upon the pharmacy's annual receipts. Gross receipts for Pharmacy include total amount collected from customers for prescriptions, drugs, health care products, and pharmacy professional services.

The Professional Consultation Services Liability (Rule 9.24.7) charge is computed using gross receipts for professional consultation services, which includes medical equipment or devices, health care products and professional consultation services, plus a per person charge.

The Home Health Care Services Liability Coverage (Rule 9.24.8) is calculated using gross receipts, which include amounts collected from medical equipment or devices, health care products and professional consultation services, plus a per person charge.

The compounding rating factors are determined by the type of compounding activity in which the insured employs. Additional factors are provided for the use of risk management equipment.

Our Businessowners Program allows for Professional Liability Individual Risk Premium Modifications, as noted in Rule 10.2 of the Pharmacists Mutual Insurance Company Countrywide Manual, 12 10. The sum of the credits or debits developed using the Professional Liability Individual Risk Premium Modifications cannot exceed 25%.

I have attached a copy of our Premium Payment Plan for your review.

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/21/2011
Submitted Date 06/21/2011
Respond By Date 06/30/2011

Dear Janine MacVey,

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

The certification form is to be signed by a company officer and a qualified actuary.

You are required to provide all pages of the manual - including the countrywide pages. You are also required to indicate exactly what is being changed in this filing.

Additionally, we require you certify that nothing else has changed from what was previously filed except for the changes brought to our attention in this filing.

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.htm

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,
Gayle Neuman

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/23/2011
Submitted Date 06/23/2011

Dear Gayle Neuman,

Comments:

Response 1

Comments: I have attached the certification form with signatures, as requested.

I have also attached a copy of our company Countrywide Businessowners Exception Pages and our IL Businessowners Exception Pages, as well as the AAIS Businessowners manuals.

As indicated in the explanatory memorandum, which was provided with this filing, previously we were not required to file the PM 1115B-IL and PM 1116-IL endorsements under TOI Medical Malpractice in your state. It is our understanding that we must now file these under Med Mal.

We are revising Rule 9.24.4 Pharmacy Services Professional Liability Coverage to introduce rating and premium development directions for non-compounded and compounded prescriptions and risk management equipment used in processing non-compounded prescriptions.

We have never filed this supplement under Medical Malpractice before, thus, all the information in this filing is new. We are not required to file rules under the Businessowners Program in your state. Filing PHAR-126792355 was filed with an effective date of 12/1/2010 to adopt the corresponding AAIS Businessowners Program revisions.

Please advise if you need anything additional to complete this filing request.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Certification

Comment:

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No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Countrywide Businessowners All Exception Pages, edition 12 10		New	
IL Businessowners Exception All Page - Supplemental, edition 12 10		New	
AAIS Businessowners Manuals	All	New	

Sincerely,
Heidi Allen, Janine MacVey, Jen Swift

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Product Name: Businessowners
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Note To Reviewer

Created By:

Janine MacVey on 03/13/2012 08:12 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/13/2012 08:23 AM

Subject:

No Change to Effective date

Comments:

Good morning Gayle,

We did implement this change effective December 1, 2010. We would like to maintain this effective date.

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Product Name: Businessowners
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Note To Filer

Created By:

Gayle Neuman on 03/12/2012 08:18 AM

Last Edited By:

Gayle Neuman

Submitted On:

03/13/2012 08:23 AM

Subject:

effective date

Comments:

The Department of Insurance has now completed its review of the filing referenced above. Originally, you requested the filing be effective December 1, 2010. Was the filing put in effect on December 1, 2010 or do you wish to have a different effective date? Your prompt response is appreciated.

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10	All	Replacement	IL BOP Exception Page - Medical Malpractice Supplemental 12- 10.pdf
	Countrywide Businessowners Exception Pages, edition 12 10	All	New	CW BOP Exception Pages 12-10.pdf
	IL Businessowners Exception Page - Supplemental, edition 12 10	All	New	IL BOP Exception Page - Supplemental 12-10.pdf

<i>SERFF Tracking Number:</i>	<i>PHAR-126820179</i>	<i>State:</i>	<i>Illinois</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PHAR-126820179</i>
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<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0021 Pharmacy</i>
	<i>Made/Occurrence</i>		
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<i>Project Name/Number:</i>	<i>PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR</i>		

AAIS Businessowners All
Manuals

New

BOP AAIS
Countrywide Manual
06 09.pdf
BOP AAIS IL Manual
03 11.pdf
BOP AAIS IL EQ
Supplement 03 06.pdf
BOP AAIS IL
Terrorism Supplement
01 08.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
MEDICAL MALPRACTICE SUPPLEMENTAL
ILLINOIS

Rule 9.24.4 has been deleted from the Countrywide Exception Pages and replaced by the following:

9.24.4 Pharmacy Professional Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from the rendering or failure to render pharmacy services and either professional consultation services or home health care services.

To determine the Pharmacy Services Professional Liability premium:

Step 1 - multiply the pharmacy's annual gross receipts, in thousands, by the loss costs shown in the Countrywide Rating Information section of this manual, plus the premium generated for either professional consultation services liability (*Rule 9.24.7*) or home health care services liability (*Rule 9.24.8*). Gross receipts for Pharmacy include total amounts collected from customers for prescriptions, drugs, health care products, and pharmacy professional services.

Step 2 - determine the percentage of filled prescriptions that falls into each of the following categories; the sum of these 3 groups must equal 100%.

- non-compounded,
- non-sterile compounded (involving only ingredients in manufacturer-produced dosage forms,)
- all other compounded.

Step 3 – Non-compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of non-compounded prescriptions,
- b) Multiply the result of Step 3.a) by the appropriate factor from Table A.
- c) When risk management equipment is utilized, multiply the result of Step 3.b) by the appropriate factor from Table B.

Step 4 – Non-sterile compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of non-sterile compounded prescriptions,
- b) Multiply the result of Step 4.a) by the appropriate factor from Table A.

Step 5 – All other compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of all other compounded prescriptions,
- b) Multiply the result of Step 5.a) by the appropriate factor from Table A.

Step 6 – Add results of Steps 3, 4 and 5 to determine the Pharmacy Services Professional Liability premium.

Prescription Category	Factor
Non-Compounded	0.95
Non-Sterile Compounded	1.00
All other compounded	1.25

Table A for Rule 9.24.4

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Risk Management Equipment Count	Factor
1	0.95
2	0.90
3+	0.85

Table B for Rule 9.24.4

The Pharmacy Professional Liability including Professional Consultation Services endorsement contains provisions for the following limits:

Each Occurrence Limit – The Pharmacy Professional Liability including Professional Consultation Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for pharmacy services and professional consultation services.

Aggregate Limit -- The Pharmacy Professional Liability including Professional Consultation Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for pharmacy services and professional consultation services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1115B-IL for Pharmacy Professional Liability including Professional Consultation Services.

The Pharmacy Professional Liability including Home Health Care Services endorsement contains provisions for the following limits:

Each Occurrence Limit – The Pharmacy Professional Liability including Home Health Care Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for pharmacy services and home health care services.

Aggregate Limit -- The Pharmacy Professional Liability including Home Health Care Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for pharmacy services and and home health care services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1116B-IL for Pharmacy Professional Liability including Home Health Care Services.

Rule 9.24.7 has been deleted from the Countrywide Exception Pages and replaced by the following:

9.24.7 Professional Consultation Services Liability

Coverage may be provided for Professional Consultation Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) for professional consultation services plus the per person charge. Gross receipts for professional consultation services include the total amount collected from medical equipment or devices, health care products and professional consultation services.

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Limit	Professional Consultation Services Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	Home Health Care Professional and/or Home Health Care Provider Charge (Per Person)
\$ 300,000	\$16.00
\$ 500,000	\$20.00
\$1,000,000	\$25.00
\$2,000,000	\$35.00

Professional Consultation Services Liability coverage is either included with Pharmacy Professional Liability for pharmacy risks (*under PM 1115B-IL*), or provided separately with the Professional Consultation Services Liability endorsement for non-pharmacy risks.

When attached, the Professional Consultation Services Liability endorsement includes provisions for the following limits:

Each Occurrence Limit – The Professional Consultation Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for professional consultation services.

Aggregate Limit -- The Professional Consultation Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for professional consultation services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1093B-IL for Non-pharmacy risk.

Rule 9.24.8 has been deleted from the Countrywide Exception Pages and replaced by the following:

9.24.8 Home Health Care Services Liability Coverage

Coverage may be provided for Home Health Care Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) for home health care services plus the per person charges. Gross receipts for home health care services include the total amounts collected from medical equipment or devices, health care products, and home health care services.

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Limit	Home Health Care Services Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	First Home Health Care Professional Charge	Additional Home Health Care Professional Charge (Per Person)	Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$800	\$160	\$16
\$ 500,000	\$1000	\$200	\$20
\$1,000,000	\$1200	\$250	\$25
\$2,000,000	\$1600	\$350	\$35

Home Health Care Services Liability coverage is either included with Pharmacy Professional Liability for pharmacy risks (*under PM 1116B-IL*), or provided separately with the Home Health Care Services Liability endorsement for non-pharmacy risks.

When attached, the Home Health Care Services Liability endorsement includes provisions for the following limits:

Each Occurrence Limit – The Home Health Care Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for home health care services.

Aggregate Limit -- The Home Health Care Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for home health care services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1098B-IL for Non-pharmacy risk.

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Rule 9.50 has been added:

9.50 Pharmacy Professional Liability Extension

This option is only available when the Businessowners policy is being cancelled at the insureds request due to the sale or closure of the business.

Pharmacy Professional Liability coverage can be extended for bodily injury or property damage which occurs after the policy cancellation date, provided that the incident causing the bodily injury or property damage, such as dispensing a prescription, occurred while the policy was in force.

The extension term is provided for a maximum of 6-months, beginning on the policy cancellation date and ending after 182 days, unless other dates are shown on the policy endorsement.

To determine the additional premium for this Extension, multiply the policy's annual pharmacy professional liability premium (see Rule 9.22.4A) by 2.0%, subject to a minimum \$100.00 premium. The additional premium charged is fully earned and cannot be cancelled once accepted.

Attach endorsement PM 1118B.

Rule 10.2 – Professional Liability Individual Risk Premium Modifications

The following modifications can be applied to recognize special characteristics of the risk that are not fully reflected in the professional liability rating information. The sum of credits or debits developed using the following table cannot exceed 25%. Convert the total credit or debit developed under this rule to a factor and apply to the total Professional Liability premium after all other rating procedures have been completed.

RISK VARIATIONS	RANGE OF MODIFICATIONS		
	CREDIT		DEBIT
(1) Classification variations	-10%	to	+10%
(2) Cooperation with insurer recommendations and/or industry standards with respect to risk management procedures	-10%	to	+10%
(3) Employees: selection, training, supervision, experience	- 5%	to	+ 5%
(4) Past losses	-10%	to	+10%
(5) Professional accreditation/sanction	- 15%	to	+15%
(6) Professional services provided	-10%	to	+10%
(7) Quality control	-10%	to	+10%

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Rule 1.4 has been withdrawn and replaced by the following:

1.4 Retail, Service, or Processing

Buildings – Buildings occupied principally by eligible retail, service, or processing operations are eligible. Eligible retail, service, and processing classifications are shown in the classification section of this manual. The total area of the building must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

Storage buildings occupied by the insured are also eligible. They must be incidental to the eligible retail, service, or processing operation and must not exceed 25,000 square feet.

Floor areas do not include basement areas not open to public.

Business Personal Property – The business personal property of eligible retail, service, or processing operations shown in the classification section of this manual is eligible. The area of the retail, service, or processing operation must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

The business personal property in storage buildings occupied by the insured is also eligible. The storage buildings must not exceed 25,000 square feet and must be incidental to the retail, service, or processing operation.

Floor areas do not include basement areas not open to the public.

Rule 1.9 has been added:

1.9 Protection Plus Coverages (BP 0200 Only)

Risks classified as a Gift, Card, Collectibles, Home Decor/Accessories, Stationery Store or related risks are eligible for the Protection Plus Coverages.

A list of the coverages and corresponding limits that are provided under the Protection Plus Coverages Endorsement follows:

<u>Property Coverage</u>	<u>Limits</u>
Coverage B – Business Personal Property	Enhancement
Accounts Receivable - at the premises	\$ 25,000
- away from the premises	\$ 5,000
Valuable Papers and Records	
- at the premises	\$ 25,000
- away from the premises	\$ 5,000
Business Personal Property	
- Stored Off Premises	10% of Cov B Limit
Spoilage of Perishable Stock	\$ 5,000
Water Damage – Back up of Sewers and Drains	\$25,000
Loss of Income	Actual Loss
Off Premises Utility Failure	\$ 10,000
Earnings from Dependent Locations	\$ 10,000
Seasonal Increase	Cov B Limit
Employee Dishonesty	\$ 10,000
Money & Securities Coverage	
- Inside Premises	\$ 10,000
- Outside Premises	\$ 10,000
Outdoor Signs	\$ 5,000

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1.9 Protection Plus Coverages (BP 0200 Only) (continued)

<u>Liability Coverage</u>	<u>Limits</u>
Employment Practices Liability – Each Claim	\$ 5,000
- Aggregate	\$ 5,000

There is no charge for the attachment of this endorsement.

Attach endorsement PM 1107B.

Rule 1.10 has been added:

Rule 1.10 Expanded Property Coverages (BP 0200 Only)

Risks classified as a Pharmacy, Home Medical Equipment, Home Health Care, Office or any other risk not eligible for Protection Plus Coverages are eligible for the Expanded Property Coverages.

A list of the coverages and corresponding limits that are provided under the Expanded Property Coverages Endorsement follows:

<u>Coverage</u>	<u>Limits</u>
Coverage B - Business Personal Property	Enhancement
Glass	Enhancement
Business Personal Property – Off Premises	Enhancement
Spoilage of Perishable Stock	\$ 5,000
Coverage C - Off Premises Utility Failure	\$ 10,000
Coverage C - Loss to Another Property	\$ 5,000
Employee Dishonesty	\$ 5,000
Money & Securities	Enhancement

There is no charge for the attachment of this endorsement.

Attach endorsement PM 1015B.

Rule 7.5 has been withdrawn and replaced by the following:

7.5 Minimum Premiums

The annual policy minimum premiums vary by form of coverage as shown below.

Form BP 0100	\$250.00
Form BP 0200	\$500.00

Rule 7.7.9 has been withdrawn and replaced by the following:

7.7.9 Total Policy Premium

Multiply the sum of the following by the Standard Individual Risk Premium Modification factor to determine the total standard businessowners premium:

- basic policy premium for each covered building;
- basic policy premium for business personal property at each covered location;
- basic policy premium for liability coverage for restaurants;
- additional premium for off-premises operations;
- additional premium for swimming pools; and

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-- additional premium for any applicable property and general or non professional liability coverage options.

Multiply the sum of the following by the Professional Liability Individual Risk Premium Modification factor to determine the total Professional Liability premium:

- Pharmacy Services Professional Liability premium;
- Home Health Care Consultation Services Liability premium;
- Home Health Care Services Liability premium; and
- Pharmacy Professional Liability Extension premium.

Add the total Standard Businessowners premium to the total Professional Liability premium to determine the total policy premium.

Rule 8.14 has been withdrawn and replaced by the following:

8.14 Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement

Coverage is available under Businessowners form BP 0200 for direct physical loss to covered property due to an accident resulting from mechanical breakdown, including rupturing or bursting caused by centrifugal force, artificially generated electrical current, including electrical arcing other than lightning, explosion of steam boilers, steam piping, steam engines, or steam turbines, and damage to hot water boilers or other water heating equipment. Coverage is also provided for direct expenses from drying out covered electrical equipment as a result of a flood.

Any business otherwise eligible for coverage under the Businessowners Program is eligible for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement.

When Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is provided, coverage applies to each location described on the policy declarations and is subject to the property limits (coverage A and B) provided for each insured location.

The following Extensions of Coverages are also provided under the Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement endorsement, subject to a limit of \$25,000 for loss or damage caused by any combination of the following Causes of Loss:

A - Change in Temperature -- Coverage is provided for loss to the insured's stock due to a change in temperature or humidity.

B - Expediting Expenses -- Coverage is provided for any reasonable extra costs spent to make temporary repairs, or to expedite permanent repairs or replacement of covered equipment.

C - Off Premises Services -- Coverage is provided for loss of earnings and extra expense you incur due to the interruption of the following services, not at the insured premises:

- water supply services;
- communication supply services;
- gas, steam or electrical power services.

D - Refrigerant Contamination -- Coverage is provided for the contamination by a refrigerant on the insured premises.

E - Hazardous Substances -- Coverage is provided for the additional cost to repair or replace covered property that has been contaminated by a hazardous substance, including the additional expense to clean up or dispose of such property.

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8.14.1 Value for Rating

The limit of insurance developed for the rating of Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is based on the Total Insurance Value (TIV) of covered property at the insured premises, based on the replacement cost, as follows:

-- Owner, Owner Occupied	100% Building and Contents Value
-- Owner, Not Owner Occupied	100% Building Value
-- Tenant	100% Contents Value

8.14.2 Deductible

This coverage is subject to the Businessowners Property deductible, shown on the policy. Refer to Rule 6 of the Loss Cost Rating Information for the Deductible Factors.

8.14.3 Minimum Location Charge

The minimum premium charge for each insured location is \$25.00.

8.14.4 Rates

The rate for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is \$0.25 per \$1,000 of Total Insurance Value (TIV) per each insured location, subject to the Minimum Location Charge.

8.14.5 Premium Development

The premium for Mechanical, Electrical or Pressure Systems Breakdown Enhancement Endorsement is determined by multiplying the rate per Deductible by the Total Insurance Value (TIV) for every location.

Step 1 – Determine the Total Insurance Value (TIV), based on the full replacement cost, of all covered property located at an insured location.

Step 2 – Multiply the 100% TIV by the Equipment Breakdown Rate;

Step 3 – Multiply the results of Step 2 by the Deductible Factor;

Step 4 – Multiply the results of Step 3 by the Standard Individual Risk Premium Modification that applies to the Businessowners Policy;

Step 5 – The resulting premium is subject to a \$25.00 minimum location charge.

Attach endorsement PM 1103B.

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Rule 9.1 has been withdrawn and replaced by the following:

9.1 Additional Insureds

The liability section of the businessowners policies may require modification in order to extend the insured's liability protection to other persons or entities. This can be accomplished through the use of Additional Insured endorsements.

Coverage for additional insureds is subject to all of the exclusions and conditions found in the liability section of the businessowners policy to which the additional insured endorsement is attached. Each endorsement may contain additional limitations.

Unless otherwise shown in the manual, to determine the additional premium for each additional insured at each location, select the additional insured charge from the table (below) that corresponds to the occupancy of the insured.

	Premium Charge (Each additional insured, per location)
Apartment or Office Risks	\$ 5.00
All Other Risks	\$ 15.00

Rule 9.1.10 has been withdrawn and replaced by the following:

9.1.10 Newly Acquired Organizations

The definition of insured can be amended to include organizations newly acquired or formed by the insured for the first 90 days after the date of the organization's acquisition or formation. There is no additional premium for Additional Insured - Newly Acquired Organizations

Attach endorsement BP 0738

Rule 9.8 Customers' Auto Legal Liability Coverage – Care, Custody, or Control Exception - Premium Determination has been amended as follows:

9.8 Customers' Auto Legal Liability Coverage – Care, Custody, or Control Exception

Premium Determination -- Refer to the company's Commercial Automobile Program for rating.

Rule 9.9 has been withdrawn and replaced by the following:

9.9 Definition of Employee Redefined

9.9.1 Exclude Leased Worker

The definition of employee can be amended to exclude leased workers. A leased worker is a person leased from a labor leasing firm to perform duties related to the named insured's business.

Attach endorsement BP 0723.

9.9.2 Include Temporary Worker

The definition of employee can be amended to include temporary workers. A temporary worker is a person furnished as a temporary substitute for a permanent employee who is on a leave of absence, or person added to meet seasonal or short-term workloads.

Attach endorsement PM 1114B.

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Rule 9.13.4 has been withdrawn and replaced by the following:

9.13.4 Employment Practices Liability (Coverage F)

Minimum Premium

The following minimum premiums apply to each corresponding limit of insurance for Employment Practices Liability Coverage:

Per Claim And Aggregate Limit; (,000's omitted)

	\$25	\$50	\$100	\$300	\$500	\$1,000
Minimum	\$300	\$300	\$500	\$500	\$1,000	\$1,000

Step 3 of Rule 9.13.8 has been withdrawn and replaced by the following:

9.13.8 Employment Practices Liability (Coverage F)

Premium Development – Step 3 - More Than 100 Employees

- Follow Step 3 for 51 to 100 employees.
- Multiply the 'More Than 100' per employee charge by the number of employees that exceed 100 and add the result to the charge calculated in 'a' above.

MORE THAN 100 PER EMPLOYEE CHARGE

Per Claim and Aggregate Limit (000's omitted)	\$25	\$50	\$100	\$300	\$500	\$1,000
RETAIL RISKS (Rate Groups 11 – 18)	\$12	\$15	\$20	\$22	\$24	\$28
SERVICE RISKS & RESTAURANTS (Rate Groups 2-10 and 21)	\$20	\$24	\$30	\$34	\$38	\$46
OFFICE/HABITATIONAL, WAREHOUSE & WHOLESALE RISKS (Rate Groups 1, 19, 20 & 22-29)	\$29	\$35	\$44	\$50	\$54	\$66

Rule 9.17.3 has been withdrawn and replaced by the following:

9.17.3 Higher General Aggregate Limit

The policy may be written subject to higher annual General Aggregate Limits. Refer to the table below for calculating the additional premium. Add the premium listed to the liability premium.

AGGREGATE LIMIT	PREMIUM CHARGE
\$ 3,000,000	\$100
4,000,000	\$150
5,000,000	\$200
6,000,000	\$250

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Rule 9.20.3 has been added:

9.20.3 Pharmacy Liquor Liability Endorsement

The Pharmacy Liquor Liability Endorsement modifies the Commercial Liability Coverage by removing the liquor liability exclusion, adding four exclusions to the liquor liability coverage created, and specifying that amount of liquor liability coverage is limited as shown in the Declarations.

There are three levels of hazard depending upon the laws in the various states. The states are classified and rates applied according to the following classification table:

Class I: Delaware, Iowa, Kansas, Maryland, Missouri, Nebraska, Nevada, South Dakota, Virginia

Class II: Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Utah, Washington, West Virginia, Wisconsin, Wyoming

Class III: Alabama, Vermont

Rule 9.20.3 Pharmacy Liquor Liability Endorsement (continued)

Pharmacy Liquor Liability Annual Rates and Minimum Premiums

CLASS RATE*/MINIMUM PREMIUM

CLASS	\$300,000	\$500,000	\$1,000,000
I	0.62 / \$ 75	0.75/\$100	0.87/\$105
II	2.40 / \$250	2.90/\$300	3.37/\$350
III	5.78 / \$625	7.00/\$750	8.15/\$875

*per \$1,000 liquor receipts

Pharmacy Liquor Liability Credits & Debits:

The Pharmacy Liquor Liability Endorsement rates may be modified in accordance with the following Risk Management consideration to a maximum of 25% credit or debit.

RISK MANAGEMENT MODIFICATIONS	
1. Management qualifications and experience	5% credit to 5% debit
2. Employee training and supervision	10% credit to 10% debit
3. Beer and wine only	10% credit to 10% debit
4. Special Risk Management procedures taken	5% credit to 0% debit
5. Care and condition of premises	10% credit to 10% debit

Rule 10, Individual Risk Premium Modification, does not apply. Pharmacy Liquor liability minimum premiums are in addition to any policy minimum premiums.

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Attach endorsement PM 1026B (all states, except: Georgia, Michigan, Mississippi, South Carolina, and Texas)

Attach endorsement PM 1026B-GA (Georgia)

Attach endorsement PM 1026B-MI (Michigan)

Attach endorsement PM 1026B-MS (Mississippi)

Attach endorsement PM 1026B-SC (South Carolina)

Rule 9.24.4 has been withdrawn and replaced by the following:

9.24.4 Pharmacy Services Professional Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from pharmacy services.

To determine the Pharmacy Services Professional Liability premium:

Step 1 - multiply the pharmacy's annual gross receipts, in thousands, by the loss costs shown in the Countrywide Rating Information section of this manual. Gross receipts include the total amount collected for prescriptions, drugs, and pharmacy services.

Step 2 - determine the percentage of filled prescriptions that falls into each of the following categories; the sum of these 3 groups must equal 100%.

- non-compounded,
- non-sterile compounded (involving only ingredients in manufacturer-produced dosage forms,)
- all other compounded.

Step 3 – Non-compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of non-compounded prescriptions,
- b) Multiply the result of Step 3.a) by the appropriate factor from Table A.
- c) When risk management equipment is utilized, multiply the result of Step 3.b) by the appropriate factor from Table B.

Step 4 – Non-sterile compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of non-sterile compounded prescriptions,
- b) Multiply the result of Step 4.a) by the appropriate factor from Table A.

Step 5 – All other compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of all other compounded prescriptions,
- b) Multiply the result of Step 5.a) by the appropriate factor from Table A.

Step 6 – Add results of Steps 3, 4 and 5 to determine the Pharmacy Services Professional Liability premium.

Prescription Category	Factor
Non-Compounded	0.95
Non-Sterile Compounded	1.00
All other compounded	1.25

Table A for Rule 9.24.4

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Risk Management Equipment Count	Factor
1	0.95
2	0.90
3+	0.85

Table B for Rule 9.24.4

Attach endorsement PM 1014B.

Rule 9.24.7 has been added:

9.24.7 Home Health Care Consultation Services Liability Coverage

Coverage may be provided for Home Health Care Consultation Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) plus the per person charge. Gross receipts include the total amount collected from medical equipment or devices, health care products and home health care consultation services.

Limit	Rate per \$1,000 (Gross Receipts)
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	Home Health Care Professional and/or Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$16.00
\$ 500,000	\$20.00
\$1,000,000	\$25.00
\$2,000,000	\$35.00

Attach endorsement PM 1093B.

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Rule 9.24.8 has been added:

9.24.8 Home Health Care Services Liability Coverage

Coverage may be provided for Home Health Care Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) plus the per person charges. Gross receipts include total amounts collected from medical equipment or devices, health care products, and home health care services.

Limit	Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	Initial Home Health Care Professional Charge	Each Additional Home Health Care Professional Charge (Per Person)	Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$800.00	\$160.00	\$16.00
\$ 500,000	\$1000.00	\$200.00	\$20.00
\$1,000,000	\$1200.00	\$250.00	\$25.00
\$2,000,000	\$1600.00	\$350.00	\$35.00

Attach endorsement PM 1098B.

Rule 9.50 has been added:

9.50 Pharmacy Professional Liability Extension

This option is only available when the Businessowners policy is being cancelled at the insureds request due to the sale or closure of the business.

Pharmacy Professional Liability coverage can be extended for bodily injury or property damage which occurs after the policy cancellation date, provided that the incident causing the bodily injury or property damage, such as dispensing a prescription, occurred while the policy was in force.

The extension term is provided for a maximum of 6-months, beginning on the policy cancellation date and ending after 182 days, unless other dates are shown on the policy endorsement.

To determine the additional premium for this Extension, multiply the policy's annual pharmacy professional liability premium (see Rule 9.24.4) by 2.0%, subject to a minimum \$100.00 premium. The additional premium charged is fully earned and cannot be cancelled once accepted.

Attach endorsement PM 1118B.

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Rule 9.51 has been added:

9.51 Financial Loss Coverage

Coverage may be provided for Financial Loss Liability. The additional premium per policy is \$75.

Rule 10, Individual Risk Premium Modification, does not apply. Financial loss liability minimum premiums are in addition to any policy minimum premiums.

Attach endorsement PM 1113B.

Rule 10 has been withdrawn and replaced by the following:

RULE 10 -- INDIVIDUAL RISK PREMIUM MODIFICATIONS

Individual Risk Premium Modifications will be applied separately to Professional Liability and standard policy premiums.

Rule 10.1 – Standard Individual Risk Premium Modifications

The following modifications can be applied to recognize special characteristics of the risk that are not fully reflected in the rating information. The sum of credits or debits developed using the following table cannot exceed 25%. Convert the total credit or debit developed under this rule to a factor and apply to the total standard policy premium after all other rating procedures have been completed.

RISK VARIATIONS	RANGE OF MODIFICATIONS		
	CREDIT		DEBIT
(1) Care and condition of equipment and premises	-10%	to	+10%
(2) Classification variations	-10%	to	+10%
(3) Cooperation of owners or operators with recommendations with respect to structural features, segregation, and control of hazards and maintenance of protective equipment	-10%	to	+10%
(4) Damage and susceptibility	-10%	to	+10%
(5) Dispersion or concentration	- 5%	to	+ 5%
(6) Employees: selection, training, supervision, experience	- 5%	to	+ 5%
(7) Location: accessibility, congestion, and exposures	-10%	to	+10%
(8) Miscellaneous protective features or hazards	-10%	to	+10%
(9) Protective devices not otherwise reflected in rates	-10%	to	+10%
(10) Storage practices and hazardous operations	-10%	to	+10%
(11) Superior or inferior structural features	-10%	to	+10%
(12) Past losses relative to number of exposure units and subsequent preventive measures	-10%	to	+10%

Rule 10.2 – Professional Liability Individual Risk Premium Modifications

The following modifications can be applied to recognize special characteristics of the risk that are not fully reflected in the professional liability rating information. The sum of credits or debits developed using the following table cannot exceed 25%. Convert the total credit or debit developed under this rule to a factor and apply to the total Professional Liability premium after all other rating procedures have been completed.

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RISK VARIATIONS	RANGE OF MODIFICATIONS		
	CREDIT		DEBIT
(1) Classification variations	-10%	to	+10%
(2) Cooperation with insurer recommendations and/or industry standards with respect to risk management procedures	-10%	to	+10%
(3) Employees: selection, training, supervision, experience	- 5%	to	+ 5%
(4) Past losses	-10%	to	+10%
(5) Professional accreditation/sanction	- 15%	to	+15%
(6) Professional services provided	-10%	to	+10%
(7) Quality control	-10%	to	+10%

The following has been added to the Countrywide Classification Table:

COUNTRYWIDE CLASSIFICATION TABLE

Classification	Stat Code	Rate Groups				
		-----	-----	-----	-----	-----
		Prop	SP	SL	EQ	L
Home Health Care Agency	99059	1	1	m	3	

PHARMACISTS MUTUAL INSURANCE COMPANY
BUSINESSOWNERS PROGRAM MANUAL
ILLINOIS

Loss Cost Multiplier

PHARMACISTS MUTUAL INSURANCE COMPANY will use a loss cost multiplier of 1.025 for all Property & General Liability coverage and 1.081 for all Professional and Other Liability coverage, with all "Loss Costs" established by AAIS for our Businessowners Program.

Factor Rating Information – Property Factors

Construction Relativities have been withdrawn and replaced by the following:

CONSTRUCTION RELATIVITIES

Frame	1.000
Joist Mas	0.825
Non-Comb	0.750
Mas N-c	0.500
Fire Res	0.400

BUSINESSOWNERS PROGRAM

COUNTRYWIDE

THE COUNTRYWIDE AND STATE MANUAL PAGES CONTAIN LOSS COSTS

All references in the countrywide and state manual pages to **premiums, rates, or charges** mean loss costs. Use the company multiplier to convert loss costs to final rates, premiums, and charges.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
1745 South Naperville Road • Wheaton, IL 60189-5898

AMERICAN ASSOCIATION OF INSURANCE SERVICES BUSINESSOWNERS MANUAL

COUNTRYWIDE

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- Program Description
- Policywriting Instructions
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COUNTRYWIDE CLASSIFICATIONS

COUNTRYWIDE RATING INFORMATION PAGES

STATE RULE EXCEPTION PAGE(S)

STATE TERRITORIAL DEFINITIONS

STATE-SPECIFIC RATING INFORMATION PAGES

INTRODUCTION

The countrywide section of this manual contains rules, classifications, and rating information for writing policies that cover the property, loss of income, and liability exposures of eligible business owners. Refer to the applicable state page(s) for exceptions to the countrywide rules and for state-specific rating information.

The state-specific and countrywide rating information pages contain loss costs. All references in these pages to premiums, rates, or charges mean loss costs. Use the company multiplier to convert loss costs to final rates, premiums, and charges.

Refer to the company for Businessowners coverages not available through this manual. Special rules, rates, forms, or endorsements filed by or on behalf of the company apply in lieu of those referenced in this manual.

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RULE 1 -- ELIGIBILITY

The Businessowners Program provides property, loss of income, and liability coverages for insuring the eligible types of businesses described in this rule.

1.1 Habitational

Buildings -- Apartment buildings, residential condominium buildings, and one- to four-family rental dwellings are eligible. Buildings must not be more than six stories in height and must not contain more than 60 units.

These buildings can include the following incidental occupancies:

- Offices; and
- Eligible retail, wholesale, service, or processing occupancies which occupy less than 25,000 square feet in total floor area.

Floor areas do not include basement areas not open to the public.

Business Personal Property -- Building owners' business personal property in eligible apartment buildings, residential condominium buildings, and one- to four-family rental dwellings is eligible.

1.2 Office

Buildings -- Office buildings and office condominium buildings are eligible. Buildings must not exceed six stories in height and their total floor area must not exceed 100,000 square feet.

These buildings can include the following incidental occupancies:

- Apartments; and
- Eligible retail, wholesale, service, or processing occupancies which occupy less than 25,000 square feet in total floor area.

Floor areas do not include basement areas not open to the public.

Business Personal Property -- The business personal property of office occupants is eligible. The total floor area of the office occupancy must not exceed 25,000 square feet in a single building. The business personal property of the owners of office or office condominium buildings is also eligible.

Floor areas do not include basement areas not open to the public.

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1.3 Restaurants

Restaurant occupancies or properties with commercial cooking facilities on the premises that are open to the general public are eligible, subject to the following additional requirements:

- Total floor area of the restaurant must not exceed 7,500 square feet;
- Sales of alcoholic beverages cannot be greater than 25% of total sales;
- Seasonal operations that are closed for more than 30 consecutive days are not eligible; and
- The annual gross sales must not exceed \$3,000,000 at any insured location.

Floor areas do not include basement areas not open to the public.

No liquor liability coverage is available under this program.

1.4 Retail, Service, Or Processing

Buildings -- Buildings occupied principally by eligible retail, service, or processing operations are eligible. Eligible retail, service, and processing classifications are shown in the Classification Table of this manual. The total floor area of the building must not exceed 25,000 square feet.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

Storage buildings occupied by the insured are also eligible. They must be incidental to the eligible retail, service, or processing operation and must not exceed 25,000 square feet in total floor area.

Floor areas do not include basement areas not open to the public.

Business Personal Property -- The business personal property of eligible retail, service, or processing operations shown in the Classification Table of this manual is eligible. The area of the retail, service, or processing operation must not exceed 25,000 square feet in total floor area. The annual gross sales must not exceed \$3,000,000 at any insured location.

If the insured's business is a service or processing operation, at least 75% of the annual gross sales must be derived from on-premises operations.

The business personal property in storage buildings occupied by the insured is also eligible. The storage buildings must not exceed 25,000 square feet in total floor area and must be incidental to the retail, service, or processing operation.

Floor areas do not include basement areas not open to the public.

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1.5 Warehouses

Warehouses used by the insured solely for the private storage of the insured's goods are eligible. The contents of the warehouse are also eligible.

Self-storage warehouses which are used to store the property of others are also eligible. No square footage restriction or requirement applies.

Building coverage may be written for self-storage warehouses which rent storage space to individual or commercial customers. Self-storage warehouses typically consist of separate storage units which may be individually accessed by each customer.

When self-storage warehouses are written, Coverage C - Loss of Income is extended to include the loss of Rental Income that results when space for rent or lease is not available due to direct physical loss that is the result of a covered peril.

Customer's Property Legal Liability coverage provides coverage for liability for damage to the property of the insured's customers while the property is at the insured's self-storage warehouse. Coverage is subject to a \$25,000 each occurrence limit, unless a different limit is shown on the declarations.

Additional coverage for Liability Due to Lockout Sale, Removal, or Disposal of Property is also provided for acts or omissions related to denying customers access to their property or from the sale, removal, or disposal of a customer's property due to the insured's activities to reclaim the storage space when a customer's account is delinquent. Coverage is subject to a \$5,000 annual aggregate limit. The property deductible shown on the declarations applies to this coverage.

Endorsement -- Attach endorsement BP 0735.

The business personal property of customers who rent storage space in the warehouse is not eligible for coverage.

1.6 Wholesale

Eligible wholesale operations are shown in the Classification Table of this manual. Wholesale risks can have no more than 25% of annual gross sales from retail operations and no more than 25% of the total floor area open to the public. The total floor area must not exceed 25,000 square feet. Annual gross sales must not exceed \$3,000,000 at any insured location.

Storage buildings and business personal property in storage buildings occupied by the insured are also eligible. The storage buildings must be incidental to the eligible wholesale operation and must not exceed 25,000 square feet in total floor area.

Floor areas do not include basement areas not open to the public.

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1.7 Miscellaneous Eligible Classifications

Multiple Occupancy -- If a multiple occupancy building includes both eligible and ineligible operations, the business personal property of an otherwise eligible tenant is eligible.

Convenience Stores -- Convenience stores with food sales, and with or without gasoline sales, are eligible for coverage except as follows.

Convenience stores with any of the following operations are not eligible for coverage:

- Auto repair or service
- Car washes
- Gasoline sales of 75% or more of total annual gross sales
- Propane or kerosene tank filling

Financial Institutions -- Buildings leased to others for use as offices of banks, credit unions, or other financial institutions are eligible.

1.8 Ineligible Classifications

The following classifications are ineligible for coverage under this program:

- Automobile businesses - dealers, repair, service, or salvage
- Bars
- Churches
- Condominium buildings (except for office or residential condominiums)
- Contractors (unless off-premises operations are less than 25% of annual gross sales)
- Farms
- Financial institutions (except buildings leased to others for use as offices of banks, credit unions, or other financial institutions)
- Household personal property
- Manufacturing (except for eligible classifications)
- Parking lots or garages (unless incidental to an otherwise eligible classification)
- Places of amusement

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RULE 2 -- PROGRAM DESCRIPTION

A Businessowners policy must provide coverage for all eligible buildings and business personal property owned by an insured, and for all of the insured's eligible business liability exposures.

The following is a general description of the coverages provided by the businessowners policies. The policies contain the complete terms and conditions.

2.1 Coverage Forms

Two Businessowners Policies are available:

BP 0100 -- Businessowners Standard Policy -- Provides named perils coverage for property and loss of income coverage, and includes commercial liability coverage. The named perils are explosion, fire or lightning, riot or civil commotion, sinkhole collapse, smoke, sonic boom, sprinkler leakage, transportation, vandalism, vehicles and aircraft, volcanic action, and windstorm or hail.

BP 0200 -- Businessowners Special Policy -- Provides coverage against risks of direct physical loss, with certain exceptions, for property. Also provides coverage for loss of income and includes commercial liability coverage.

2.2 Coverage Descriptions -- Principal Coverages

Coverage A -- Buildings -- Covers buildings and structures described on the declarations, including:

- completed additions;
- machinery and equipment that are a permanent part of the building;
- fixtures (indoor and outdoor);
- personal property that is used to maintain or service the premises;
- personal property of a landlord that is used to furnish apartments, rooms, or common areas;
- building glass; and
- if not covered elsewhere, additions, alterations, and repairs that are being made to the building, and materials, equipment, supplies, and temporary structures that are used in making additions, alterations, or repairs to the building.

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Coverage B -- Business Personal Property -- Covers business personal property in the described building or in the open or in vehicles, if within 100 feet of the described premises. This includes:

- business personal property owned by the insured;
- business personal property leased to the insured and for which the insured is contractually obligated to provide coverage;
- the insured's interest in business personal property of others that is in the insured's care, custody, or control;
- the insured's use interest as a tenant in improvements to the described building; and
- exterior building glass owned by, or in the care, custody, or control of, the insured if no limit is shown on the declarations for Coverage A.

Coverage C -- Loss of Income -- Provides up to one year of Earnings and Extra Expense coverage when the business is interrupted by loss caused by a peril insured against. Coverage for Earnings is subject to a 72-hour waiting period.

Coverage L -- Bodily Injury and Property Damage Liability -- Pays on behalf of the insured for damages due to bodily injury or property damage caused by an occurrence to which the insurance applies. Bodily injury and property damage that arise out of the products and completed work hazard are also included under Coverage L.

Coverage M -- Medical Payments -- Pays medical expenses for bodily injury caused by an accident on premises owned by or rented to an insured or resulting from the insured's operations.

Coverage O -- Fire Legal Liability -- Pays on behalf of the insured for damages due to property damage to buildings or parts of buildings which are rented to an insured, if the damage is caused by a fire or explosion and the insured is legally liable for the damage.

Coverage P -- Personal and Advertising Injury Liability -- Pays on behalf of the insured for damages resulting from acts of personal injury such as slander, libel, invasion of privacy, false arrest, and malicious prosecution. Also pays, on behalf of insureds not in the business of advertising, broadcasting, publishing, or televising, for damages resulting from acts of advertising injury such as slander, libel, disparagement of another's goods or services, misappropriation of another's advertising ideas, and infringement of another's copyright or slogan in the insured's advertisement.

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2.3 Basic Limits

The rating information shown in this manual reflects the following basic limits of insurance.

Coverage A	Full replacement value of insured buildings
Coverage B	Full replacement value of insured business personal property
Coverage C	20% of Coverage A limit plus 100% of Coverage B limit
Each Occurrence Limit	\$300,000
Medical Payments	\$5,000/each person
Fire Legal Liability	\$50,000/each occurrence

The Each Occurrence Limit, subject to the Aggregate Limit, is the most that will be paid for all injury and damages covered under Coverages L, M, and P for one occurrence.

Show the applicable limits on the declarations.

Rules that address loss of income coverage without a dollar limit and higher Each Occurrence Limits for Coverages L, O, and P are shown in this manual.

2.4 Aggregate Limits

The rating information shown in this manual contemplates a General Aggregate Limit equal to twice the Each Occurrence Limit and a Products/Completed Work Hazard Aggregate Limit equal to twice the Each Occurrence Limit.

Refer to the Liability Coverage Options rules for information regarding how to increase the General Aggregate Limit to three times the Each Occurrence Limit.

Show the Aggregate Limits on the declarations.

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RULE 3 -- POLICYWRITING INSTRUCTIONS

3.1 Policy Format

A businessowners policy consists of the following components:

- Form BP 0100 or form BP 0200
- Declarations and any supplementary declarations or Schedules
- State amendatory endorsement(s)
- Other required endorsements, if applicable
- Optional endorsements, if applicable

3.2 Endorsement Entries

Information that must be shown as an entry on an endorsement can be shown on the declarations or on a supplemental Schedule instead.

3.3 Policy Term

Policies can be written for a term of one year and renewed annually, or they can be written on a continuous basis.

3.3.1 Renewable Policies

Renewable policies remain in effect for one year. The premium for each successive year is calculated using the rating information in effect at the time of the annual renewal.

Any newly applicable forms or endorsements must be made a part of the policy at each annual renewal date.

Endorsement -- Attach endorsements BP 0336 and BP 0604.

3.3.2 Continuous Policies

Continuous policies remain in effect until canceled. The premium for each successive term after the first is calculated using the rating information in effect at the policy anniversary date.

Any newly applicable forms or endorsements must be made a part of the policy at each anniversary date.

Endorsement -- Attach endorsement BP 0336.

3.4 Cancellation

Coverage for Buildings or Business Personal Property or Liability coverage cannot be canceled unless the entire policy is canceled.

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Policies canceled by either the insured or the company must be canceled in accordance with the terms of the cancellation provisions that apply. The return premium, if any, is calculated on a pro rata basis.

When calculating the return premium, round to the nearest whole dollar. Retain any minimum premium that may apply, unless canceling a policy as of the inception date.

3.5 Scheduled Buildings, Business Personal Property, And Loss Of Income

A Businessowners policy cannot be issued on a blanket basis. Show the limit for each covered building, the limit for personal property at each location, and the limit for Loss of Income coverage at each location on the declarations. If the Loss of Income Without a Limit option applies, show 'actual loss sustained' in the limit of insurance field on the declarations.

3.6 Policy Changes

Changes can be made to policies after inception, including adding or deleting optional coverages.

3.6.1 Additional Premium Changes

-- Changing an Existing Location

If changes are made to a location that is included at the inception of the policy, use the rules and rating information in effect on the effective date of the policy when calculating the additional premium.

-- Adding a New Location

If a location is added to the policy after the inception date, use the rules and rating information in effect on the date of the change when calculating the additional premium.

-- Changing a New Location

If changes are made to a location that was added to the policy after the inception date, use the rules and rating information in effect on the date the location was first added to the policy when calculating the additional premium.

Any additional premium that results from changes made after the policy is issued applies in addition to any applicable policy writing minimum premium that may have applied at policy inception.

Calculate additional premiums on a pro rata basis.

Endorsement -- Attach endorsement BP 0346.

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3.6.2 Return Premium Changes

Calculate all return premiums using the rating information that was in effect when coverage was issued.

Calculate return premiums on a pro rata basis when a limit is reduced or an exposure is eliminated. Retain the policy writing minimum premium, if applicable.

3.7 Policy Restrictions Or Increased Premiums

Policies can be issued with coverage restrictions or at increased premiums if the policy would not otherwise be issued. The insured must agree to any restrictions or premium increases in writing.

3.8 Mortgagees And Loss Payees

A party with a financial interest in covered property can be named in the policy as a mortgagee, a loss payee, a lender's loss payee, or a contract of sale loss payee.

3.8.1 Mortgagee

Coverage for a party with a mortgagee interest in covered buildings or structures can be provided by naming the mortgagee on the declarations. Coverage for the mortgagee remains in effect when coverage is otherwise voided by acts of the insured. Advance notice of cancellation or nonrenewal must be given to the mortgagee.

Identify the mortgagee and the location of the property in which the mortgagee has an interest on the declarations.

3.8.2 Loss Payable -- Option 1

This option can be used if another party has an interest in the insured's real property and that interest can be established by a written contract or other documentary evidence. This option requires the insurer to pay claims jointly to the insured and the loss payee, as their interests may appear. This option does not offer the loss payee any protection if the actions of the insured affect the coverage, nor does it require that advance notice of cancellation or nonrenewal be given to the loss payee.

Endorsement -- Attach endorsement BP 0711 and indicate on the endorsement Schedule or on the declarations that Option 1 applies.

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3.8.3 Lender's Loss Payable -- Option 2

This option is similar to the standard mortgage provision, except that it is not limited in its application to buildings or structures.

This option can be used if another party has an interest in the insured's real or personal property and that interest can be established by a written contract or other documentary evidence. This option gives the loss payee limited protection against actions of the insured that could void coverage. Advance notice of cancellation or nonrenewal must be given to the loss payee.

Endorsement -- Attach endorsement BP 0711 and indicate on the endorsement Schedule or on the declarations that Option 2 applies.

3.8.4 Contract Of Sale -- Option 3

This option is used when the insured is engaged in the process of buying or selling property, and both the buyer and the seller have insurable interests in the property. This option requires the insurer to pay losses jointly to the insured and the loss payee, as their interests appear. This option does not give the loss payee any protection against actions of the insured that could void coverage, nor does it require that advance notice of cancellation or nonrenewal be given to the loss payee.

Endorsement -- Attach endorsement BP 0711 and indicate on the endorsement Schedule or on the declarations that Option 3 applies.

3.9 Valuation

Unless otherwise indicated on the declarations or in a form or endorsement attached to this policy, property losses are settled on a replacement cost basis. Refer to the Property Coverage Options rules for information regarding loss settlement on an actual cash value basis.

3.10 Condominium Associations

When the policy is issued to cover the interests of a condominium association, the policy terms must be amended accordingly.

Endorsement -- Attach endorsement BP 0338.

3.10.1 Unit Owner's Improvements Excluded

Policies can be issued to a condominium association to cover the buildings and to exclude coverage for all fixtures, improvements, and alterations solely owned by individual condominium unit-owners.

Endorsement -- Attach endorsements BP 0317 and BP 0338.

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3.10.2 Improvements Made After Building Completion Excluded

Policies can be issued to a condominium association to cover the buildings and to exclude coverage for fixtures, improvements, and alterations that have been added to units by unit-owners and are not of the same kind and quality as those initially installed.

Endorsement -- Attach endorsements BP 0318 and BP 0338.

3.11 Condominium Unit-Owners

When the policy is issued to cover individual condominium unit-owners, the policy terms must be amended to cover the fixtures, improvements, and alterations that are owned by the unit-owner but are a part of the building.

Endorsement -- Attach endorsement BP 0350.

3.12 Interstate Accounts

Policies that cover property located in more than one state can be written subject to the rules, forms, and endorsements of the state having the largest property values, or the state where the insured's headquarters are located.

3.13 Refer To Company

Rate on a refer to company basis if any of the following conditions exist:

- "Refer to company" is shown in the manual for a specific rule;
- An exposure has no applicable manual rate;
- An exposure has no applicable classification; or
- A company wants to make a rating plan modification.

The company must comply with the applicable state rate filing requirements.

3.14 Waiver Of Subrogation

A company may waive its right to subrogation against a specific person or organization prior to a loss.

Endorsement -- Attach endorsement BP 0731 and designate the person or organization against whom subrogation is waived in the endorsement Schedule or on the declarations.

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RULE 4 -- DEFINITIONS

4.1 Fire Protection Classifications

Protected -- Building is located within 1,000 feet of a fire hydrant, and within five road miles of a responding fire department.

Partially Protected -- Building is located more than 1,000 feet from a fire hydrant, but within five road miles of a responding fire department.

Unprotected -- All other.

4.2 Building Construction Classifications

Frame -- Buildings where the exterior walls are wood or other combustible materials, including construction where combustible materials are combined with other materials (such as brick veneer, stone veneer, wood iron-clad, or stucco on wood).

Joisted Masonry -- Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile, or similar materials, and where the floors and roof are combustible (disregarding floors resting directly on the ground).

Non-combustible -- Buildings where the exterior walls, floors, and roof are constructed of, and supported by, metal, asbestos, gypsum, or other non-combustible materials.

Masonry Non-combustible -- Buildings where the exterior walls are constructed of masonry materials as described in joisted masonry above, with the floors and roof of metal or other non-combustible materials.

Modified Fire Resistive -- Buildings where the exterior walls, floors, and roof are constructed of masonry or fire resistive material having a fire resistance rating of one hour or more, but less than two hours. Rate as fire resistive.

Fire Resistive -- Buildings where the exterior walls, floors, and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

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Mixed Construction -- When a building is of mixed construction, determine the applicable construction type as follows:

- If more than 1/3 of the total exterior wall area is of combustible materials, the applicable construction type is frame.
- If 2/3 or more of the total exterior wall area and 2/3 or more of the floor and roof area is of non-combustible materials, the applicable construction type is non-combustible.
- If 2/3 or more of the total wall area is of masonry or fire resistive materials, the construction type is:
 - Fire resistive or modified fire resistive, when 2/3 or more of the total floor and roof area is of masonry or fire resistive materials.
 - Masonry non-combustible, when 2/3 or more of the total floor and roof area is of non-combustible materials.
 - Joisted masonry, when more than 1/3 of the total floor and roof area is of combustible materials.

4.3 Sprinklered Property

A building is classified as sprinklered if the entire building is protected by an automatic sprinkler system. Automatic sprinkler system means any automatic fire protective or extinguishing system.

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RULE 5 -- PREMIUM MODIFICATIONS

5.1 Protective Devices Or Services

The premium can be modified to reflect protective devices or services. Premium credits are allowed for the installation of the following approved and properly maintained protective devices or services:

- Burglar Alarm System
- Watchman
- Sprinkler System

The company must be notified if the protective devices or services are discontinued or are out of service.

Premium Determination -- When a burglar alarm system is maintained or a watchman is employed, multiply the Standard and Special Policy Business Personal Property rating information by the applicable factor shown in Table A for this rule:

Burglary Protection			Factors	
			Restaurants	Other Classes
Watchman				
-- Signals to central or police station			.75	.83
-- Other			.95	.97
Burglar Alarm Systems				
-- Signals to central station			.80	.86
-- Other			.95	.97

Table A for Rule 5.1

Burglar alarm credits do not apply when coverage is provided by form BP 0100, unless the optional coverage for Burglary and Robbery is also provided.

When coverage is provided by form BP 0200 and a single location has both watchman and burglar alarm protection, use only the Protective Device or Service factor that produces the largest credit.

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Premium Determination -- When a sprinkler system is maintained, multiply the Standard Building and Standard Business Personal Property rating information by the applicable factor shown in Table B for this rule:

Sprinklered Properties		Factors
Buildings		
-- Rate Groups 1-6 (Owner Occupied)		.65
-- Rate Groups 1-6 (Lessor's Risk)		.76
-- Rate Groups 7-18 (Owner Occupied)		.55
-- Rate Groups 7-18 (Lessor's Risk)		.69
-- Rate Groups 19-20		.76
-- Rate Group 21		.55
-- Rate Groups 22-27 (Owner Occupied)		.55
-- Rate Groups 22-27 (Lessor's Risk)		.69
-- Rate Group 28 (Owner Occupied)		.55
-- Rate Group 28-29 (Lessor's Risk)		.69
Business Personal Property		
-- Rate Groups 1-6		.76
-- Rate Groups 7-18		.69
-- Rate Group 21		.55
-- Rate Groups 22-27		.69
-- Rate Group 28-29		.69

Table B for Rule 5.1

Endorsement -- Attach endorsement BP 0331 and identify the Protective Device or Service that applies in the endorsement Schedule or on the declarations.

5.2 Restaurant Modifications

5.2.1 Limited Cooking

The rating information for a restaurant with limited cooking is subject to a credit. A limited cooking restaurant is one that prepares and serves cold food, or food that is cooked with equipment that does not emit grease-laden vapors or smoke that requires an exhaust system. Equipment that emits grease-laden vapors or smoke or that requires an exhaust system includes solid fuel cooking, grilling, open broiling, deep fat frying, and roasting.

Premium Determination -- Multiply the Standard Building and Standard Business Personal Property rating information by the factor shown in the table for this rule:

Factor
.85

Table for Rule 5.2.1

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5.2.2 Automatic Fire Extinguishing System -- Cooking Areas

The rating information for a restaurant that is serviced by a properly installed and maintained automatic fire extinguishing system for all grills, ranges, deep fat fryers, and broilers is subject to a credit, if the system meets or exceeds the requirements of NFPA Standard #96.

Premium Determination -- Multiply the Standard Building and Business Personal Property rating information by the factor shown in the table for this rule:

Factor
.85

Table for Rule 5.2.2

5.2.3 Absence Of Exhaust System

The rating information for a restaurant that cooks with equipment that emits grease-laden vapors or smoke and that is not equipped with a properly installed and maintained exhaust system is subject to a debit.

Premium Determination -- Multiply the Standard Building and Business Personal Property rating information by the factor shown in the table for this rule:

Factor
1.15

Table for Rule 5.2.3

5.2.4 Unsafe Arrangements

In order to recognize any deficiencies in protection equipment, its maintenance, or any other unsafe conditions not otherwise recognized.

Premium Determination -- Multiply the Standard Building and Business Personal Property rating information by the factor shown in the table for this rule:

Factor
1.20

Table for Rule 5.2.4

5.3 Other Premium Modifications

Other premium modifications may be applied. Refer to company for any applicable premium modifications not shown in this manual.

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RULE 6 – DEDUCTIBLES

6.1 Flat Deductible Options -- All Perils

With the exception of losses payable under the coverage for: Fire Department Service Charges, Lock and Key Replacement, Inventory and Appraisal Expenses, and Recharge of Fire Extinguishing Equipment, a deductible will be applied to all property losses covered by forms BP 0100 and BP 0200. However, no deductible applies to Coverage C - Loss of Income or to the Commercial Liability Coverages provided by forms BP 0100 and BP 0200.

Unless otherwise indicated, the rating information shown in this manual reflects a \$500 deductible amount. The following deductible options are available for all coverages except coverages listed below and Equipment Breakdown coverage:

\$ 250
1,000
3,000
5,000
10,000

Only the standard \$500 deductible applies to the coverage options listed below and to coverage for glass breakage:

- Employee Dishonesty Coverage
- Outdoor Sign Coverage
- Burglary and Robbery (BP 0100 - Option 2 only)
- Money and Securities Coverage

Premium Determination -- Use the applicable factors shown in the table for this rule to modify the basic policy premium, as described in the Premium Determination rule, to reflect the deductible amount selected. Show the applicable deductible amount on the declarations.

Deductibles	Factors	
	Restaurants	Other Classes
\$ 250	1.05	1.03
500	1.00	1.00
1,000	0.96	0.97
3,000	0.88	0.92
5,000	0.84	0.89
10,000	0.82	0.88

Table for Rule 6.1

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Higher or lower policy deductible amounts also apply to any property coverage options, unless the endorsement used to provide the coverage option or the declarations states otherwise.

Show the \$500 Deductible for Glass and the coverage options listed above on the declarations.

6.2 Windstorm Or Hail Percentage Deductible Options

When coverage for property includes loss caused by the peril of Windstorm or Hail, a Windstorm or Hail percentage deductible is available, subject to a \$1,000 minimum deductible amount.

The following deductibles are available for loss caused by windstorm or hail, subject to the minimum coverage limit requirement shown for each deductible option:

1% subject to \$1,000 minimum deductible; \$100,000 minimum limit requirement

2% subject to \$1,000 minimum deductible; \$50,000 minimum limit requirement

5% subject to \$1,000 minimum deductible; \$20,000 minimum limit requirement

Deductibles can vary for each location.

Premium Determination -- In lieu of the deductible factors shown for Rule 6.1, use the Windstorm or Hail Percentage Deductible Factors shown in the tables for this rule to modify the basic policy premium, as described in the Premium Determination rule, to reflect the deductible amounts selected. Show the applicable deductible amount on the declarations.

Deductibles for Perils Other Than Windstorm or Hail	Wind/Hail Deductible	Wind/Hail Deductible	Wind/Hail Deductible
	1%	2%	5%
\$ 250	0.99	0.97	0.96
500	0.97	0.95	0.93
1,000	0.94	0.92	0.90
3,000	0.89	0.87	0.86
5,000	0.86	0.84	0.83
10,000	0.85	0.83	0.82

Table A for Rule 6.2: Classes Other Than Restaurants

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Deductibles for Perils Other Than Windstorm or Hail	Wind/Hail Deductible	Wind/Hail Deductible	Wind/Hail Deductible
	1%	2%	5%
\$ 250	1.01	0.99	0.98
500	0.97	0.95	0.93
1,000	0.93	0.91	0.89
3,000	0.85	0.83	0.82
5,000	0.81	0.79	0.78
10,000	0.79	0.77	0.76

Table B for Rule 6.2: Restaurants

Endorsement -- Attach endorsement BP 0355 and make an entry on the schedule to show the windstorm or hail deductible percentage and show the all other perils deductible amount on the declarations.

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RULE 7 -- PREMIUM DEVELOPMENT

7.1 Factors Or Multipliers

Factors or multipliers should be applied consecutively in a multiplicative sequence. They should not be added together, unless otherwise specified.

7.2 Rounding Procedure

7.2.1 Rating Information

Rating information should be rounded to three decimal places after the final calculation. Five-tenths or more of a mil will be considered one mil.

For example: .2225 = .223
 .2224 = .222

7.2.2 Premiums

Premiums for coverages that require a separate calculation should be rounded to the nearest whole dollar.

7.3 Annual Rating Information

The rating information shown in this manual applies to annual policy terms. Prorate any additional premium charges that are developed as a result of mid-term policy changes.

7.4 Interpolation

Rating information for which a limit is not shown should be developed by interpolation.

7.5 Minimum Premiums

Refer to company for any applicable minimum premiums.

7.6 Multiple Occupancies

If a building containing multiple occupancies includes both eligible and ineligible operations, the business personal property of an otherwise eligible occupant is eligible for coverage under this program.

Building

- Determine the percentage of total floor area that applies to each occupancy in the building. (Floor areas do not include basement areas not open to the public.)

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- Classify a building occupied solely by apartment and office occupancies as an apartment if the office occupancies are 15% or less of the total floor area. If the total floor area of the office occupancies is more than 15%, classify the building as an office.
- Classify a building occupied by apartment and office occupancies, as well as eligible retail, wholesale, service, and/or processing occupancies, as the retail, wholesale, service, or processing occupancy with the largest floor area. If none of the retail, wholesale, service, or processing occupancies are predominant, use the rating information of the highest rated occupancy.
- Classify a building occupied by eligible non-restaurant occupancies, as well as eligible restaurant occupancies, as a restaurant. Refer to Rule 7.7.5 to rate multiple occupancy risks that include restaurants.
- Classify a building occupied solely by eligible retail, wholesale, service, or processing occupancies as the retail, wholesale, service, or processing occupancy with the largest floor area. If none of the retail, wholesale, service, or processing occupancies are predominant, use the rating information of the highest rated occupancy.
- Classify a building as owner-occupied when the building owner occupies more than 75% of the total floor area. Classify a building as Lessor's Risk when the building owner occupies 75% or less of the total floor area.

Business Personal Property

- Rate the business personal property for each occupancy using the rating information for that occupancy. For example, if an office building includes a barber shop, rate the business personal property of the office using the office rating information, and rate the business personal property of the barber shop using the barber shop rating information.

7.7 Premium Determination

The rating information shown in this manual must be converted from loss costs to company rates before premiums are calculated.

Unless otherwise noted, the premiums for Building and Business Personal Property coverages are calculated using separate Building and Business Personal Property limits.

Procedures for using the pre-calculated tables of rating information to determine the Building and Business Personal Property premiums are provided by Rules 7.7.1 and 7.7.2. Procedures for using Factor rating information in lieu of the pre-calculated rating information are provided in Rules 7.7.3 and 7.7.4.

Classifications that deviate in some way from these standard rating procedures are identified in Rule 7.7.5, Rating Variations By Classification.

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7.7.1 Basic Policy Premium -- Building (Pre-calculated)

Step 1 -- Select the property rate group from the column in the Classification Table of this manual designated as 'Prop'.

Step 2 -- For each covered building, use the territorial assignment, protection classification, and construction classification to determine, from the State Rating Information section of this manual, the applicable Building rating information per \$1,000 of insurance.

Step 3 -- When the rating information must be adjusted to reflect the exclusion of a peril, a special deductible option, or another option that calls for the application of a debit or credit, subtract the credit from or add the debit to the Standard Policy Building rating information determined in Step 2.

Step 4 --

- a. If the building is protected by an automatic sprinkler system, multiply the rating information determined in Step 3 by the applicable protective device factor for sprinklered properties. Proceed to Step 5 for buildings not rated under Rate Group 21.
- b. For buildings rated under Rate Group 21, multiply the result of Step 4.a. by any applicable restaurant modifications.

Step 5 -- If the building is covered on an actual cash value basis and the building is classified as Lessor's Risk or the building is rated under Rate Group 19, 20, or 29, multiply the result of Step 4 by the actual cash value factor.

Step 6 -- If the policy is issued with a liability Each Occurrence limit of \$500,000, \$1,000,000, or \$2,000,000, add the higher liability increment to the result of Step 5, if applicable.

Step 7 -- If Form BP 0200 applies, add the rating information for Special Policy coverage to the result of Step 6.

Step 8 -- Multiply the result of Step 7 by any factors that are used to adjust the rating information for other premium modifications or coverage options that apply.

Step 9 -- Multiply the result of Step 8 by the Building limit of insurance, in thousands.

Step 10 -- Multiply the result of Step 9 by the deductible factor to determine the basic policy premium for each covered building.

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7.7.2 Basic Policy Premium -- Business Personal Property (Pre-calculated)

Step 1 -- Select the property rate group from the column in the Classification Table of this manual designated as 'Prop'.

Step 2 -- For the business personal property at each covered location, use the territorial assignment, protection classification, and building construction classification to determine, from the State Rating Information section of this manual, the applicable Business Personal Property rating information per \$1,000 of insurance.

Step 3 -- When the rating information must be adjusted to reflect the exclusion of a peril, a special deductible option, or another option that calls for the application of a debit or credit, subtract the credit from or add the debit to the Standard Policy Business Personal Property rating information determined in Step 2.

Step 4 --

- a. If the business personal property is protected by an automatic sprinkler system, multiply the rating information determined in Step 3 by the applicable protective device factor for sprinklered properties. Proceed to Step 5 for business personal property not rated under Rate Group 21.
- b. For business personal property rated under Rate Group 21, multiply the result of Step 4.a. by any applicable restaurant modifications.

Step 5 -- If the business personal property is covered on an actual cash value basis, multiply the result of Step 4 by the actual cash value factor.

Step 6 -- When the policy is issued with a liability Each Occurrence limit of \$500,000, \$1,000,000, or \$2,000,000, add the applicable higher liability increment, found in the State Rating Information section of this manual, to the result of Step 5.

Step 7 -- Multiply the result of Step 6 by any factors that are used to adjust the rating information for other premium modifications or coverage options that apply.

Step 8 -- Multiply the result of Step 7 by the Business Personal Property limit of insurance, in thousands.

Step 9 -- When form BP 0200 applies, select the Special rate group from the column in the Classification Table designated as 'SP'. Rate group 0 applies when coverage for theft is excluded under form BP 0200.

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Step 10 -- Use the rating information for the rate group selected in Step 8 to determine the Special Policy Personal Property Charge that corresponds to the Coverage B limit. Multiply the charge determined by any premium modification and coverage option factors that apply to the Special Policy personal property charges. Add the adjusted Special Personal Property Charge to the result of Step 8.

Step 11 -- Multiply the result of Step 10 by the deductible factor to determine the basic policy premium for the business personal property at each covered location.

7.7.3 Basic Policy Premium -- Building (Factor Rating)

Step 1 -- Select the property rate group from the column in the Classification Table of the manual designated as 'Prop'.

Step 2 -- To determine the property component of the Standard Policy Building rating information for each covered building:

- a. Multiply the Property Base Amount for Buildings by the applicable Protection Relativity.
- b. Multiply the result of Step 2.a. by the applicable Construction Relativity.
- c. Multiply the result of Step 2.b. by the applicable Territory Relativity.
- d. Multiply the result of Step 2.c. by the applicable Rate Group Relativity for Buildings and round to two decimal places. The result is the property component of the Standard Policy Building rating information.

Step 3 -- To determine the Standard Policy Building rating information for each covered building, including any applicable liability component:

- a. For all buildings rated under Rate Group 19, 20, or 29 and for all buildings classified as Lessor's Risk under any other Rate Group (except Rate Group 21 - Restaurants):
 - 1) Multiply the Liability Base Amount for Buildings for the applicable Territory by the applicable Rate Group Relativity for Buildings shown in the Factor Rating Information Pages and round to two decimal places. (Use the property rate group assignment selected in Step 1.) The result is the liability component of the Standard Policy Building rating information.
 - 2) Add the liability component of the Standard Policy Building rating information [Step 3.a.1)] to the property component of the Standard Policy Building rating information [Step 2.d.]. The result is the Standard Policy Building rating information.
- b. For all other buildings, the result of Step 2.d. is the Standard Policy Building rating information.

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Step 4 -- When the rating information must be adjusted to reflect the exclusion of a peril, a special deductible option, or another option that calls for the application of a debit or credit, subtract the credit from or add the debit to the Standard Policy Building rating information determined in Step 3.

Step 5 --

- a. If the building is protected by an automatic sprinkler system, multiply the rating information determined in Step 4 by the applicable protective device factor for sprinklered properties. Proceed to Step 6 for buildings not rated under Rate Group 21.
- b. For buildings rated under Rate Group 21, multiply the result of Step 5.a. by any applicable restaurant modifications.

Step 6 -- If the building is covered on an actual cash value basis and the building is classified as Lessor's Risk or the building is rated under Rate Group 19, 20, or 29, multiply the result of Step 5 by the actual cash value factor.

Step 7 -- If the Each Occurrence limit is increased from \$300,000 to \$500,000, \$1,000,000, or \$2,000,000 and the building is rated under Rate Group 19, 20, or 29 or the building is classified as Lessor's Risk under any other Rate Group (except Rate Group 21 - Restaurants):

- a. Multiply the liability component of the Standard Policy Building rating information [Step 3.a.1)] by the applicable Increased Limit Factor and round to two decimal places.
- b. Add the result of Step 7.a. to the result of Step 6.

Step 8 -- If Form BP 0200 applies, add the Special Policy Building rating information to the result of Step 7.

Step 9 -- Multiply the result of Step 8 by any factors that are used to adjust the rating information for other premium modifications or coverage options that apply.

Step 10 -- Multiply the result of Step 9 by the Building limit of insurance, in thousands.

Step 11 -- Multiply the result of Step 10 by the deductible factor to determine the basic policy premium for each covered building.

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7.7.4 Basic Policy Premium -- Business Personal Property (Factor Rating)

The following procedures do not apply to business personal property rated under Rate Groups 19, 20, or 29.

Step 1 -- Select the property rate group from the column in the Classification Table of the manual designated as 'Prop'.

Step 2 -- To determine the property component of the Standard Policy Business Personal Property rating information for the business personal property at each covered location:

- a. Multiply the Property Base Amount for Business Personal Property by the applicable Protection Relativity.
- b. Multiply the result of Step 2.a. by the applicable Construction Relativity.
- c. Multiply the result of Step 2.b. by the applicable Territory Relativity.
- d. Multiply the result of Step 2.c. by the applicable Rate Group Relativity for Business Personal Property and round to two decimal places. The result is the property component of the Standard Policy Business Personal Property rating information.

Step 3 -- To determine the Standard Policy Business Personal Property rating information for the business personal property at each covered location, including any applicable liability component:

- a. For business personal property not rated under Rate Group 21:
 - 1) Multiply the Liability Base Amount for Business Personal Property for the applicable Territory by the applicable Rate Group Relativity for Business Personal Property shown on the Liability Factor Rating Information Page and round to two decimal places. (Use the property rate group assignment selected in Step 1). The result is the liability component of the Standard Policy Business Personal Property rating information.
 - 2) Add the liability component of the Standard Policy Business Personal Property rating information [Step 3.a.1)] to the property component of the Standard Policy Business Personal Property rating information [Step 2.d.]. The result is the Standard Policy Business Personal Property rating information.
- b. For business personal property rated under Rate Group 21, the result of Step 2.d. is the Standard Policy Business Personal Property rating information.

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Step 4 -- When the rating information must be adjusted to reflect the exclusion of a peril, a special deductible option, or another option that calls for the application of a debit or credit, subtract the credit from or add the debit to the Standard Policy Business Personal Property rating information determined in Step 3.

Step 5 --

- a. If the business personal property is protected by an automatic sprinkler system, multiply the rating information determined in Step 4 by the applicable protective device factor for sprinklered properties. Proceed to Step 6 for business personal property not rated under Rate Group 21.
- b. For business personal property rated under Rate Group 21, multiply the result of Step 5.a. by any applicable restaurant modifications.

Step 6 -- If the business personal property is covered on an actual cash value basis, multiply the result of Step 5 by the actual cash value factor.

Step 7 -- If the Each Occurrence limit is increased from \$300,000 to \$500,000, \$1,000,000, or \$2,000,000 and business personal property is not rated under Rate Group 21:

- a. Multiply the liability component of the Standard Policy Business Personal Property rating information (Step 3.a.1) by the applicable Increased Limit Factor and round to two decimal places.
- b. Add the result of Step 7.a. to the result of Step 6.

Step 8 -- Multiply the result of Step 7.b. by any factors that are used to adjust the rating information for other premium modifications or coverage options that apply.

Step 9 -- Multiply the result of Step 8 by the Business Personal Property limit of insurance, in thousands.

Step 10 -- When form BP 0200 applies, select the Special rate group from the column in the Classification Table designated as 'SP'. Rate group 0 applies when coverage for theft is excluded under form BP 0200.

Step 11 -- Use the rating information for the rate group selected in Step 10 to determine the Special Policy Personal Property Charge that corresponds to the Coverage B limit. Multiply the charge determined by any premium modification and coverage option factors that apply to the Special Policy Personal Property Charges. Add the adjusted Special Personal Property Charge to the result of Step 9.

Step 12 -- Multiply the result of Step 11 by the deductible factor to determine the basic policy premium for the business personal property at each covered location.

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7.7.5 Rating Variations By Classification

-- **Apartment, Habitational Condominium Associations, Dwellings, And Warehouse (Rate Group 29) Exposures**

For these classifications, the Building rating information shown in the State Rating Information section of this manual is used to rate both the Building and the Business Personal Property coverages.

-- **Retail, Service, Office, Wholesale, And Warehouse (Rate Group 28) Exposures**

Rating information shown in the State Rating Information section of this manual for owner-occupied buildings is labeled "OCC" and rating information shown for leased buildings is labeled "LESS". The business personal property rating information is shown separately.

-- **Restaurants**

Separate property and liability rating information is provided for eligible restaurants.

Property rating information for restaurants is calculated using the same Premium Determination steps as for any other Classification.

Pre-calculated liability rating information is shown, by limit and by territory, in the State Rating Information section of this manual. Use the Insured-Operated Rating Information, based on gross sales, to rate restaurants operated by the insured. Use the Lessor's Risk restaurant rating information, based on square footage, to rate restaurants not operated by the insured. If the insured is the lessor of a multiple occupancy building that includes a restaurant, also use the Lessor's Risk rating information to rate the liability exposure for the entire building.

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7.7.6 Additional Premium -- Off-Premises Operations

An eligible service, processing, or retail risk that earns more than an incidental portion of its annual gross sales from off-premises installation, service, or repair operations may be subject to an additional liability charge. This charge may be applied in consideration of the ongoing operations and completed operations that are conducted away from the insured's premises.

Refer to column 'L' in the Classification Table of this manual for the classifications subject to this additional charge. The applicability of the charge is determined by the Company.

When applicable, the additional charge is based on each \$1,000 of payroll. Payroll means the compensation for off-premises installation, service, or repair operations performed by an insured.

Multiply the Off-Premises Liability rating information shown in the Countrywide Rating Information section of this manual by the amount of payroll, in thousands, that is attributed to operations conducted away from the premises. Use the Off-Premises Liability rating information that corresponds to the Each Occurrence liability limit that applies to exposures on the insured's premises.

7.7.7 Additional Premium -- Swimming Pools

Add the additional charge shown in the Countrywide Rating Information section of this manual for each Swimming Pool located on the premises of a covered apartment building, residential condominium building, or one-to-four-family rental dwelling.

7.7.8 Additional Premium -- Property And Liability Coverage Options

Some of the rules in this manual that describe the property and liability coverage options require that an adjustment be made to the basic rating information. Such adjustments are made when determining the basic Building and/or Business Personal Property premiums.

Other rules require that an additional premium be developed for the applicable coverage.

Use the instructions shown in this manual to determine any applicable additional premiums for the coverage options selected.

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7.7.9 Total Policy Premium

Multiply the sum of the following by the Individual Risk Premium Modification factor to determine the total policy premium:

- basic policy premium for each covered building;
- basic policy premium for business personal property at each covered location;
- basic policy premium for liability coverage for restaurants;
- additional premium for off-premises operations;
- additional premium for swimming pools; and
- additional premium for any applicable property and liability coverage options.

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RULE 8 -- PROPERTY COVERAGE OPTIONS

8.1 Crime Coverages (BP 0100 Only)

Any one of the following options can be provided when form BP 0100 applies.

8.1.1 Burglary And Robbery Coverage -- Option 1

Coverage can be provided for loss to business personal property (other than money and securities) resulting from burglary and from robbery.

Premium Determination --To determine the additional premium, select the special rate group that corresponds to the occupancy of the risk from the column in the Classification Table designated as 'SP'. For the selected Special rate group, multiply the Special Policy Personal Property Charge for the Coverage B limit by the factor shown in the table for this rule:

Factor
0.50

Table for Rule 8.1.1

If burglary protection devices or services are maintained, multiply the additional premium by the applicable Protective Devices or Services factor shown in Rule 5.1.

Multiply the result by the Deductible factor shown in Rule 6.1.

Endorsement -- Attach endorsement BP 0302.

8.1.2 Burglary And Robbery Coverage -- Option 2

Limited coverage can be provided for loss to business personal property (other than money and securities) resulting from burglary and safe burglary, and for loss to business personal property (including money and securities) resulting from robbery and messenger robbery. The minimum limit of insurance that applies to this coverage is \$1,000 and the maximum limit is \$5,000.

Select the applicable rate group from the Special column (SP) of the Classification Table.

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Premium Determination -- To determine the additional premium, multiply the Burglary and Robbery base amount shown in the State Rating Information section of this manual by the applicable factor shown in the table for this rule:

Limits	Factors					
	(All Classes)					
	Special Policy Rate Groups					
	1	2	3	4	5-6	7-10
\$1,000	1.21	1.24	1.31	1.46	1.60	1.83
1,500	1.34	1.38	1.46	1.62	1.78	2.03
2,000	1.49	1.53	1.62	1.80	1.98	2.25
2,500	1.65	1.70	1.80	2.00	2.20	2.50
5,000	2.07	2.13	2.23	2.52	2.75	3.15

Table for Rule 8.1.2

If burglary protection devices or services are maintained, multiply the additional premium by the applicable Protective Devices or Services factor shown in Rule 5.1.

This coverage is not subject to deductible amounts greater than \$500. Do not apply the Deductible Factor.

The terms of this optional coverage are included in form BP 0100. Indicate the Burglary and Robbery limit of insurance on the declarations.

8.1.3 Theft Coverage

Coverage can be provided for loss to business personal property (other than money and securities) resulting from theft.

Premium Determination -- To determine the additional premium, select the special rate group that corresponds to the occupancy of the risk from the column in the Classification Table designated as 'SP'. For the selected Special rate group, multiply the Special Policy Personal Property Charge for the Coverage B limit by the factor shown in the table for this rule:

Factor
0.70

Table for Rule 8.1.3

If burglary protection devices or services are maintained, multiply the additional premium by the applicable Protective Devices or Services factor shown in Rule 5.1.

Multiply the result by the applicable Deductible Factor shown in Rule 6.1.

Endorsement -- Attach endorsement BP 0306.

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8.2 Computer Coverage (BP 0100 Only)

Coverage for risks of direct physical loss that are not excluded can be provided for computers used in the operation of the insured business. This option includes coverage for loss caused by mechanical breakdown, earthquake, flood, and water damage.

Premium Determination -- To determine the additional premium, multiply the Computer rating information shown in the Countrywide Rating Information section of this manual by the hardware and/or software limits, in thousands.

Endorsement -- Attach endorsement BP 0322. Identify the location where the computer equipment is kept and the applicable hardware and/or software limits that apply.

8.3 Theft Exclusion (BP 0200 Only)

Coverage for loss resulting from theft can be excluded under form BP 0200.

Premium Determination -- When determining the Business Personal Property premium, use the Special Policy Personal Property Charge for Rate Group 0 rather than for the Rate Group assignment shown in the 'Prop' column of the Classification Table.

Endorsement -- Attach endorsement BP 0348.

8.4 Accounts Receivable

Limited coverage for accounts receivable is provided in forms BP 0100 and BP 0200. Coverage applies to sums that cannot be collected from customers because the records were damaged or destroyed, the cost to reconstruct damaged or destroyed records, increased collection costs, and interest on loans used to offset losses prior to receipt of insurance proceeds.

Coverage provided under forms BP 0100 and BP 0200 is limited to \$10,000 (unless a higher limit is shown on the declarations) for loss that takes place at the described premises, and to \$5,000 for loss that takes place away from the described premises.

The limit for On-Premises coverage can be increased.

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Premium Determination -- To determine the additional premium for a higher On-Premises limit, multiply the Standard Policy Business Personal Property rating information by the applicable factor shown in the table for this rule. Multiply the result by the Accounts Receivable limit of insurance, in thousands, in excess of \$10,000.

	Factor
Restaurants	0.30
Other Classes	0.21

Table for Rule 8.4

Make an entry on the declarations for any higher On-Premises limit of insurance that applies.

8.5 Actual Cash Value

Building property and/or business personal property can be covered on an actual cash value basis instead of on a replacement cost basis by making the appropriate entry on the declarations. The property must be insured for its full actual cash value when this option applies.

Premium Determination -- When this option applies to business personal property, multiply the Business Personal Property rating information for Standard Policy coverage by the applicable factor shown in the table for this rule:

	Factor
Restaurants	1.00
Other Classes	1.10

Table for Rule 8.5

When this option applies to the building and the building is classified as Lessor's Risk or the building is rated under Rate Group 19, 20, or 29, multiply the Building rating information for Standard Policy coverage by the Actual Cash Value factor shown in the table for this rule.

If the building is not classified as Lessor's Risk, no adjustment to the Building rating information is required when this option applies to a building not rated under Rate Group 19, 20, or 29.

Make an entry on the declarations to show that Actual Cash Value coverage applies.

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8.6 Automatic Increase -- Coverages A and/or B

The Coverage A and/or Coverage B limit(s) can be automatically increased during the policy period. The amount of increase applies proportionately throughout each annual term.

The basic policy rating information must be adjusted when this option applies.

Premium Determination -- When form BP 0100 is used, multiply the Standard Policy Building and/or Business Personal Property rating information by the applicable factor shown in the table for this rule:

	Factors
% of Annual Increase	(All Classes)
2%	1.01
4%	1.02
6%	1.03
8%	1.04
10%	1.05
For Each Add'l 2%, add the increment shown to the 10% Annual Increase Factor	.01

Table for Rule 8.6

When form BP 0200 is used, multiply the sum of the Standard Policy Building rating information and the Special Policy Building charge, and the sum of the Standard Policy Business Personal Property rating information and the Special Policy Personal Property charge by the applicable factor shown for this rule.

Show the annual percentage of increase for the applicable coverage(s) on the declarations.

8.7 Back-up Of Sewers And Drains

Coverage for loss caused by water that backs up through sewers or drains can be added for property covered under Coverage A or Coverage B.

Premium Determination -- To determine the additional premium, multiply the selected Water Damage -- Sewer and Drain Back-up limit of insurance, in thousands, by the Back-up of Sewers and Drains rating information shown in the Countrywide Rating Information section of this manual.

Multiply the additional premium by the applicable Deductible Factor shown in Rule 6.1.

Endorsement -- Attach endorsement BP 0330, identify the covered property, and show the limit(s) of insurance in the endorsement Schedule or on the declarations.

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8.8 Builders' Risk

Coverage can be provided for building property that is under construction. The building under construction must be insured for 100% of its completed value. Coverage must be provided from the date that construction of the building begins. Coverage ends when the property is occupied, is put to its intended use, or 90 days after the date that construction is completed, whichever occurs first. Coverage may end sooner if the policy expires, is cancelled, or if the insured no longer has an interest in the property. The basic policy rating information must be adjusted when this option applies.

Premium Determination -- For Rate Groups other than 19, 20, 21 and 29, multiply the Lessor's Risk Building rating information for the intended occupancy by the factor shown in the table for this rule. For Rate Groups 19, 20, 21 and 29, multiply the Building rating information for the intended occupancy by the factor shown in the table for this rule:

Factor
.675

Table for Rule 8.8

Endorsement -- Attach endorsement BP 0713 and identify the location of the property that is being constructed and the limit of insurance that reflects the property's completed value in the endorsement Schedule or on the declarations.

8.9 Computer Virus And Computer Hacking Coverage

Coverage can be provided for direct physical damage and/or loss of income due to a computer virus or computer hacking incident. The coverage provided by this endorsement is subject to a separate deductible amount.

Premium Determination -- To determine the additional premium for each applicable coverage, multiply the Computer Virus and Computer Hacking rating information shown in the Countrywide Rating Information section of this manual by the applicable limit of insurance, in thousands.

Multiply the additional premium by the Deductible Factor shown in Rule 6.1.

The Computer Virus and Computer Hacking rating information shown in the Countrywide Rating Information section of this manual can be adjusted to reflect a risk's increased exposure to loss from the perils of computer virus and computer hacking.

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To reflect the absence of protection when anti-virus software is not installed and/or updated on a regular basis, multiply the Computer Virus and Hacking premium for Property Damage and/or Income Coverage by the applicable factor shown in the table for this rule.

To reflect the absence of protection when electronic fire wall protection is not installed and/or maintained, multiply the Computer Virus and Hacking charges for Property Damage and/or Income Coverage by the applicable factor in the table for this rule.

	Factor (All Classes)
Absence of Anti-Virus Software	1.25
Absence of Electronic Firewall	1.25

Table for Rule 8.9

Endorsement -- Attach endorsement BP 0714 and identify the Limit of insurance that applies to Property Damage coverage and/or Income Coverage and the Deductible amount that applies when Property Damage coverage is provided in the endorsement Schedule or on the declarations.

8.10 Condominium Loss Assessment

Condominium loss assessment coverage can be provided for loss or damage to property which is owned indivisibly by all condominium unit-owners.

Premium Determination -- To determine the additional premium, select the Condominium Loss Assessment rating information shown in the Countrywide Rating Information section of this manual for the applicable limit of insurance.

Multiply the additional premium by the Deductible Factor shown in either Rule 6.1 or Rule 6.2, whichever is applicable.

Endorsement -- Attach endorsement BP 0319. Identify the property and show the applicable limit of insurance and deductible amount in the endorsement Schedule or on the declarations.

8.11 Earnings From Dependent Locations

Limited Loss of Income Coverage is provided in forms BP 0100 and BP 0200 for the insured's lost earnings and/or additional expenses that result from direct physical damage by a covered peril to businesses that are not operated or controlled by the insured, but that otherwise play a supporting role in the insured's business.

Coverage is provided at a \$5,000 limit unless a higher limit is shown on the declarations. Make an entry on the declarations to indicate the higher limit of insurance.

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Premium Determination -- To determine the additional premium charge for a higher limit, multiply the Standard Policy Building rating information by the factor shown in the table for this rule. Multiply the result by the Earnings From Dependent Locations limit of insurance, in thousands, in excess of \$5,000.

Factor
0.12

Table for Rule 8.11

8.12 Earthquake

Coverage for loss caused by earthquake and volcanic eruption can be added to forms BP 0100 and BP 0200. When purchased, earthquake coverage applies to all property covered under Coverages A and B, and to the Loss of Income coverage provided under Coverage C.

Earthquake rating information for buildings and personal property is displayed in the State Rating Information section of this manual, by earthquake construction classification and earthquake zone. The earthquake rating information for personal property also reflects an earthquake rate group assignment.

Earthquake zone assignments are shown in the Earthquake Supplement.

Earthquake personal property rate group assignments are shown in the "EQ" column of the Classification Table. Earthquake construction classifications are described below.

8.12.1 Earthquake Construction Classifications

Mixed Construction Buildings -- Construction classes comprising less than 10% of the total wall area should be disregarded.

Wood Frame Buildings

Class 1C

- Wood frame and wood frame stucco construction
- Two stories or less, if habitational
- Three stories or less, if not habitational
- 3,000 square feet or less ground floor area, if not habitational
- Floors not concrete supported
- Walls not unit masonry or concrete
- Masonry veneer walls

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Class 1D

- Wood frame and wood frame stucco construction
- Floors not concrete supported
- Walls not unit masonry or concrete
- Masonry veneer walls

All Metal Buildings

Class 2A

- Metal frame
- Metal, wood, or cement-asbestos siding and roofing
- One story
- 20,000 square feet or less ground floor area

Class 2B

- Metal frame
- Metal, wood, or cement-asbestos siding and roofing

Steel Frame Buildings

Class 3A

- Steel frame carrying all loads
- Floors and roof of poured-in-place reinforced concrete or of concrete fill on metal decking welded to steel frame
- Floor and roof supports not web steel
- Exterior walls non-load bearing
- Exterior walls poured-in-place reinforced concrete or reinforced unit masonry
- Column-free areas not exceeding 2,500 square feet
- Not under construction

Class 3B

- Steel frame carrying all loads
- Floors of poured-in-place reinforced concrete or metal
- Roof of poured-in-place reinforced concrete or metal, if three stories or less
- Roof of any material, if over three stories
- Exterior and interior walls not load bearing

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Reinforced Concrete, Combined Reinforced Concrete, And Structural Steel Buildings

Class 4A

- Frame of poured-in-place reinforced concrete or combination of poured-in-place reinforced concrete and structural steel
- Floors of poured-in-place reinforced concrete
- Roof of poured-in-place reinforced concrete, if three stories or less
- Roof of any material, if over three stories
- Exterior walls of poured-in-place reinforced concrete or reinforced unit masonry
- Column-free areas not exceeding 2,500 square feet
- Not under construction

Class 4B

- Frame of poured-in-place reinforced concrete or combination of poured-in-place reinforced concrete and structural steel
- Floors of poured-in-place reinforced concrete
- Roof of poured-in-place reinforced concrete, if three stories or less
- Roof of any material, if over three stories
- Nonbearing walls of any material
- Bearing walls of poured-in-place reinforced concrete

Class 4C

- Frame of precast concrete or combination of precast concrete with poured-in-place reinforced concrete or structural steel
- Floors of reinforced concrete lift-slabs
- Roof of reinforced concrete lift-slabs, if three stories or less
- Roof of any material, if over three stories
- Bearing walls of poured-in-place reinforced concrete
- Nonbearing walls of any material

Class 4D

- Frame of poured-in-place reinforced concrete or combination of poured-in-place reinforced concrete and structural steel
- Floors and roof of any material
- Nonbearing walls of any material

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Concrete, Brick, Or Block Building

Class 5A

- Load bearing exterior walls of poured-in-place reinforced concrete, precast reinforced concrete, reinforced brick, or reinforced concrete block masonry
- Supported floors of wood or metal
- One story
- Not under construction

Class 5AA

- Load bearing exterior walls of poured-in-place reinforced concrete, precast reinforced concrete, reinforced brick, or reinforced concrete block masonry
- Supported floors of wood or metal

Class 5B

- Load bearing walls of unreinforced brick or other unreinforced solid masonry, except adobe
- Floors and roof of any material

Class 5C

- Load bearing walls of hollow tile, hollow unit masonry, adobe, or cavity wall construction
- Floors and roof of any material

Class 5D

- Any other construction*

* Refer to Company for applicable rating information if Construction Classification 5D applies.

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8.12.2 Earthquake Deductible

Endorsement BP 0332 includes a special earthquake deductible provision. The rating information shown in Table A for this rule reflects a mandatory minimum earthquake deductible that is based on a percentage of the value of the covered property at the time of loss.

Earthquake Construction Classifications			Minimum	Factor
			Deductible	
1C, 1D, 2A, 2B, 3A, 3B, 4A, 4B, and 5A			5%	1.00
4C, 4D, 5AA, 5B, 5C, and 5D			10%	1.00

Table A for Rule 8.12.2

The earthquake deductible percentage can be increased to a maximum of 40%. Use the rating information shown in Table B for this rule for Each Additional % to determine the earthquake deductible factor whenever a deductible in excess of the mandatory minimum deductible is selected.

Earthquake Construction Classifications			Each % above	Reduce
			Minimum	Factor
			Deductible	by Increment
1C, 1D, 2A, 2B, 3A, 3B, 4A, 4B, and 5A			1%	0.02
4C, 4D, 5AA, 5B, 5C, and 5D			1%	0.01

Table B for Rule 8.12.2

Show the Earthquake Deductible percentage that applies on the declarations.

8.12.3 Earthquake Premium Modifications

The earthquake rating information shown in the State Rating Information section of this manual must be adjusted to reflect various conditions that affect exposure to loss by earthquake and volcanic eruption.

Masonry Veneer

Exterior masonry veneer on wood frame walls is not covered for loss caused by earthquake or volcanic eruption when the masonry veneer area exceeds 10% of the exterior wall area.

The coverage provided by endorsement BP 0332 can be extended to include loss to exterior masonry veneer comprising over 10% of the exterior wall area.

Masonry veneer rating information is based on the % of exterior wall area that is covered by masonry veneer.

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Premium Determination -- Select the factor shown in Table A for this rule that corresponds to the portion of exterior wall area that consists of masonry veneer. Multiply the earthquake rating information for buildings by the selected factor.

% of Masonry Veneer	Factor (All Classes)
10% - 25%	1.75
25% - 50%	2.50
Over 50%	4.00

Table A for Rule 8.12.3

Make an entry on the declarations to indicate that earthquake coverage for masonry veneer is included.

Ground Stability

The Building and Business Personal property earthquake rating information shown in the State Rating Information section of this manual must be adjusted when buildings are not located on firm, natural ground.

Premium Determination -- Multiply the earthquake rating information for buildings and personal property by the factor shown in Table B for this rule:

Factor (All Classes)
1.25

Table B for Rule 8.12.3

Roof Tank

The Building and Personal property earthquake rating information shown in the State Rating Information section of this manual must be adjusted when the building is equipped with a roof tank.

Premium Determination -- Multiply the earthquake rating information for buildings and personal property by the factor shown in Table C for this rule:

Factor (All Classes)
1.25

Table C for Rule 8.12.3

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Building Height

The building earthquake rating information shown in the State Rating Information section of this manual must be adjusted when the building height exceeds three stories. When determining height:

- Do not include partial floors less than 15% of the ground floor area.
- For stories 15 feet or greater in height, each 15 feet or greater part thereof is to be considered a story.
- Do not include basement floors unless accessible at grade level.

Premium Determination -- Multiply the earthquake rating information for buildings by the factor shown in Table D for this rule:

Building Height	Factor (All Classes)
4 - 7 Stories	1.23
Over 7 Stories	1.40

Table D for Rule 8.12.3

Year Of Construction

The building earthquake rating information shown in the State Rating Information section of this manual must be adjusted if the building was constructed and first occupied or put to its intended use prior to 2000.

Premium Determination -- Multiply the earthquake rating information for buildings by the factor shown in Table E for this Rule:

Year of Construction	Factor (All Classes)
1940 - 1999	1.05
Prior to 1940	1.38

Table E for Rule 8.12.3

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8.12.4 Earthquake Premium Determination

Step 1 -- Select the Earthquake rating information that reflects the applicable construction type and earthquake zone for each covered building, and for the personal property at each covered location. The Business Personal Property rating information selected must also reflect the applicable earthquake rate group assignment from the EQ column of the Classification Table.

Step 2 -- Multiply the rating information determined in Step 1 by any of the applicable Earthquake Premium Modifications.

Step 3 -- Multiply the result of Step 2 by the Coverage A and Coverage B limits, in thousands.

Step 4 -- Multiply the result of Step 3 by the applicable Earthquake Deductible factor.

8.13 Employee Dishonesty

Coverage can be provided for loss or damage to business personal property (including money and securities) resulting from dishonest acts committed by the insured's employees. The minimum limit that applies to this coverage is \$5,000 and the maximum limit available is \$50,000.

Premium Determination

Step 1 -- Select the Employee Dishonesty rating information from the Countrywide Rating Information section of this manual for the desired limit of insurance, based on the total number of employees at all locations.

Step 2 -- If this coverage is provided for two or more locations, add the Additional Location charge shown in the Countrywide Rating Information section of this manual for each location in excess of one to the result of Step 1.

Step 3 -- If this coverage is being provided for employees of a Self-Storage Warehouse, multiply the result of Step 2 by the factor shown in the table for this rule:

Factor
1.10

Table for Rule 8.13

This coverage is not subject to deductible amounts greater than \$500. Do not apply the Deductible Factor.

The terms of this coverage are included in the Optional Property Coverages section of coverage forms BP 0100 and BP 0200. Indicate the limit of insurance that applies on the declarations.

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8.14 Equipment Breakdown Coverage

Coverage can be provided under forms BP 0100 and BP 0200 for direct physical loss to covered property due to an accident resulting from mechanical breakdown, rupturing or bursting of moving parts of machinery caused by centrifugal force, arcing or electrical currents other than lightning, explosion of steam boilers, steam pipes, steam turbines, or steam engines or damage caused by an occurrence or condition within such equipment; and damage caused by an occurrence or condition within hot water boilers or heaters.

Any business otherwise eligible for coverage under a Businessowners Policy is eligible for Equipment Breakdown coverage.

With respect to Equipment Breakdown coverage, covered equipment means property that is covered under Coverage A or Coverage B and that is built to operate under vacuum or pressure, other than weight of contents, or is used for the generation, transmission, or utilization of energy.

When Equipment Breakdown coverage is provided, coverage applies to all locations described on the policy declarations. Coverage is subject to the policy limits for Coverages A and B.

The following Additional Coverages are also provided under the Equipment Breakdown coverage endorsement:

- **CFC Refrigerants** -- Coverage is provided for the additional cost to repair or replace covered property due to the presence of a refrigerant containing chlorofluorocarbon (CFC) substances. This includes replacement of lost CFC refrigerant or replacement of the system with a non-CFC refrigerant.

All loss or damage due to CFC Refrigerants, including loss due to Spoilage or Loss of Income, is subject to a limit of \$25,000.

- **Computer Coverage** -- Coverage is provided for direct physical loss or damage to computers.

This additional coverage is subject to a limit of \$25,000.

- **Expediting Expenses** -- Coverage is provided for any reasonable extra costs spent to expedite the permanent repair or replacement of covered equipment.

This additional coverage is subject to a limit of \$25,000.

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- **Pollutants** -- Coverage is provided for the additional cost to repair or replace covered property that has been contaminated by a pollutant, and for the cost to clean up or dispose of contaminated property.

All loss or damage due to Pollutants, including loss due to Spoilage or Loss of Income, is subject to a limit of \$25,000.

- **Spoilage** -- Coverage is provided for loss to the insured's perishable stock when an accident results in spoilage or contamination due to the release of a refrigerant. In addition, coverage applies to loss of perishable stock that results from an accident to covered equipment which is owned by a utility, landlord, or other supplier of the following services:

- electrical power, gas or water;
- communications;
- waste disposal; or
- air conditioning, refrigeration, heating, air, or steam.

This additional coverage is subject to a limit of \$25,000.

The Loss of Income Coverage provided under Coverage C of the Businessowners policy is extended to include the following:

- **Loss Of Income** -- Coverage C is extended to include loss due to the interruption of business activities due to an accident to covered equipment.
- **Utility Service Interruption** -- Coverage C is extended to include the loss of earnings and extra expense you incur due to an accident to utility-owned covered equipment, which provides the premises with:
 - electrical power, gas, or water;
 - communications;
 - waste disposal; or
 - air conditioning, refrigeration, heating, air, or steam.

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8.14.1 Value For Rating

When coverage is provided on a replacement cost basis, the limit of insurance developed for Equipment Breakdown coverage is based on the full replacement value of covered property at all locations, determined as shown below:

- Owner, Owner Occupied 100% Building and Contents Value
- Owner, Not Owner Occupied 100% Building Value
- Tenant 100% Contents Value

(When a tenant occupies an entire building and is responsible for the building equipment, i.e. heating, air conditioning equipment, electrical equipment, etc.; use the 100% Building and Contents Value for rating purposes.)

When coverage is provided on an actual cash value basis, the premium developed for Equipment Breakdown coverage is based on the full actual cash value of covered property at all locations.

8.14.2 Deductible

This coverage is subject to a separate deductible amount. Show the deductible amount in the endorsement Schedule or on the declarations.

The rating information shown in this manual for Equipment Breakdown coverage reflects a \$500 deductible amount. The following higher deductible amounts are available:

\$ 1,000
 2,500
 5,000
 10,000

Modify the Equipment Breakdown rating information shown in the Countrywide Rating Information section of this manual by the factor shown in the table for this rule:

Deductible	Factor
\$ 500	1.00
1,000	0.94
2,500	0.86
5,000	0.80
10,000	0.73

Table for Rule 8.14.2

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8.14.3 Multi-Location Policies

The Equipment Breakdown rating information shown in this manual reflects coverage for up to three separate locations. When coverage is provided under the same policy for four or more separate locations, modify the rating information by the applicable factor shown in the table for this rule:

Total No. of Locations	Factor
1-3	1.00
4-10	0.92
11-20	0.85
More than 20	0.75

Table for Rule 8.14.3

8.14.4 Minimum Premium

Refer to company to determine if a minimum premium requirement applies.

8.14.5 Premium Development

The development of final rating information for Equipment Breakdown coverage may require an additional expense loading for the inspection services provided for this coverage.

The rating information shown in this manual is provided for covered equipment values up to \$20,000,000. Values other than those shown may be developed by interpolation. For values in excess of \$20,000,000, refer to company for rating information.

Step 1 -- Determine the 100% Rating Value, based on the full value of all covered property at all locations.

Step 2 -- Select the Equipment Breakdown rating information from the Countrywide Rating Information section of this manual that corresponds to the 100% Rating Value developed in Step 1.

Step 3 -- Multiply the result of Step 2 by the Multiple Locations factor shown in the table for Rule 8.14.3, if applicable.

Step 4 -- Multiply the result of Step 3 by the Equipment Breakdown Deductible Factor shown in the table for Rule 8.14.2.

Step 5 -- Adjust the result of Step 4 to include an Inspection Services Loading, if applicable.

Endorsement -- Attach endorsement BP 0650.

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8.14.6 Suspension And Reinstatement

Equipment breakdown coverage is subject to a condition that allows the suspension of coverage for loss caused by an accident to covered equipment that is discovered to be in or exposed to a dangerous situation or condition. Coverage can be reinstated by endorsement.

Endorsement -- Attach endorsement CL 0342 to reinstate coverage that has been suspended for covered equipment that was in or exposed to a dangerous situation.

8.15 Fine Arts

Coverage for risks of direct physical loss that are not excluded can be provided for fine arts. This option includes coverage for loss caused by earthquake, flood, and water damage. Coverage applies only to items for which a limit is shown on the Schedule. A separate deductible amount applies to this coverage.

Premium Determination -- To determine the additional premium, multiply the Standard Policy Business Personal Property rating information for the location where the property is usually kept by the applicable factor shown in the table for this rule. Multiply the result by the Fine Arts limit of insurance, in thousands.

	Factors
Restaurants	1.00
Other Classes	0.70

Table for Rule 8.15

Multiply the additional premium by the applicable Deductible Factor shown in Rule 6.1.

Endorsement -- Attach endorsement BP 0324. Describe the covered property and indicate the limit of insurance and deductible amount that applies in the endorsement Schedule or on the declarations.

8.16 Forgery Coverage

Limited coverage is provided for Forgery under the Additional Coverages section of forms BP 0100 and BP 0200. Coverage applies to loss due to the forgery or alteration of checks, drafts, promissory notes, or similar written instruments.

Coverage is provided at a \$2,500 limit, unless a higher limit is shown on the declarations. Make an entry on the declarations to indicate the higher limit of insurance.

To determine the additional premium charge for a higher limit, follow the premium determination steps that follow:

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Premium Determination

Step 1 -- Select the Forgery rating information from the Countrywide Rating Information section of this manual for the desired limit of insurance, based on the total number of employees at all locations.

Step 2 -- If this coverage is provided for two or more locations, add the Additional Location charge shown in the Countrywide Rating Information section of this manual for each location in excess of one to the result of Step 1.

Step 3 - Multiply the result of Step 2 by the Deductible factor shown in Rule 6.1 to determine the additional premium for higher forgery limits.

8.17 Installation Floater Coverage

Coverage may be added to forms BP 0100 and BP 0200 for loss to materials, supplies, machinery, fixtures, equipment, and similar property which will become a permanent part of the insured's construction, installation, or erection project.

The minimum limit of insurance that applies to this coverage is \$5,000 and the maximum limit is \$50,000.

A Catastrophe Limit of Insurance applies whenever property at more than one location (either more than one job site, more than one storage location, or any combination of job sites and storage locations) is damaged in a single occurrence.

Premium Determination -- To determine the additional premium, select the Installation Floater charge shown in the Countrywide Rating Information section of this manual that corresponds to the limit of insurance desired for each Job Site.

Multiply the additional premium by the Deductible Factor shown in Rule 6.1.

Endorsement -- Attach endorsement BP 0716. Enter the job site and catastrophe limits of insurance in the endorsement Schedule or on the declarations.

8.17.1 Property In Transit Or Storage

A limited amount of coverage is automatically provided under the Installation Floater coverage for Property in Transit and for Property at a Storage Location.

The limit that applies to each of these Additional Coverages may be increased. Refer to company for any applicable rating information.

Make an entry in the endorsement Schedule or on the declarations to indicate any higher limit that applies.

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8.17.2 Testing Coverage

Optional coverage for loss caused by testing may also be provided under the Installation Floater coverage. Testing includes start-up; performance; stress; pressure; or overload testing of materials, supplies, machinery, fixtures, and equipment that will become a permanent part of a covered installation, construction, or erection project.

Premium Determination -- To determine the additional premium for loss caused by testing, multiply the Testing Coverage rating information shown in the Countrywide Rating Information section of this manual by the limit of insurance, in thousands. Multiply the result by the Deductible Factor shown in Rule 6.1.

Make an entry in the endorsement Schedule or on the declarations to indicate that Testing Coverage applies.

8.18 Installation Tools And Equipment

Coverage may be added for loss or damage to tools and equipment that the insured owns, or that are in the insured's care, custody, and control.

Premium Determination -- To determine the additional premium, select the Installation Tools and Equipment rating information shown in the Countrywide Rating Information section of this manual that corresponds to the limit of insurance desired and multiply the charge by the limit of insurance, in thousands.

Multiply the additional premium by the Deductible Factor shown in Rule 6.1.

Endorsement -- Attach endorsement BP 0715 and describe the tools and equipment in the endorsement Schedule or on the declarations. Also indicate the limit of insurance and deductible amount that apply.

If applicable, make an entry in the endorsement Schedule or on the declarations to show that coverage applies on a replacement cost basis.

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8.19 Limited Fungus And Related Perils Coverage -- Changes

8.19.1 Increased Limit

The \$15,000 Aggregate Limit for direct physical damage caused by fungus or related perils may be increased for an additional charge.

Premium Determination -- Use the rating information shown in the Countrywide Rating Information section of this manual to determine the additional premium charge for the portion of the Aggregate Limit that exceeds \$15,000.

When the Limited Fungus and Related Perils Coverage Aggregate Limit is amended to apply on a per building or per location basis, as permitted under Rule 8.19.2, use the rating information shown in the Countrywide Rating Information section of this manual to determine the additional premium charge for the portion of each separate Aggregate Limit that exceeds \$15,000.

Endorsement -- Attach endorsement BP 0752 and make an entry in the endorsement Schedule or on the declarations to indicate any higher limit.

8.19.2 Per Building Or Per Location Aggregate Limit

The Limited Fungus and Related Perils Coverage Aggregate Limit can be amended to apply on a per building or a per location basis.

Premium Determination -- Use the rating information shown in the Countrywide Rating Information section of this manual to determine the additional premium charge for the separate Aggregate Limit applicable to each building or location in excess of one.

Endorsement -- Attach endorsement BP 0752 and make an entry in the endorsement Schedule to describe each building or location to which the separate aggregate limit applies. If the amount of the aggregate limit is also revised, make an entry to show the limit applicable to each described item.

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8.19.3 Loss Of Income -- Increased Number Of Days

The number of days for which Coverage C -- Loss of Income is extended can be increased.

Premium Determination -- To determine the additional premium charge for an increased number of days, multiply the basic Building and Business Personal Property premium for each building/location to which the increased number of days apply, prior to the application of any deductible factor, by the factor shown in the table for this rule that corresponds to the Maximum Number of Days shown on the Schedule:

No. of Days	Factor
60	0.0014
90	0.0028
120	0.0042
150	0.0058
180	0.0072

Table for Rule 8.19.3

Endorsement -- Attach endorsement BP 0752 and make an entry in the endorsement Schedule to show the revised number of days.

8.20 Loss Of Income Options

8.20.1 Loss Of Income -- Without A Limit

Losses under Coverage C -- Loss of Income can be paid for up to one year without being subject to a dollar limit.

Premium Determination -- To determine the additional premium, multiply the Building and Business Personal Property premiums by the factor shown in the table for this rule:

	Factors
Restaurants	0.05
Other Classes	0.04

Table for Rule 8.20.1

This coverage is not subject to the property loss deductible. Do not apply the deductible factor.

When this option applies, show 'actual loss sustained' in the Coverage C -- Loss of Income field on the declarations.

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8.20.2 Loss Of Income -- Elimination Of 72-Hour Waiting Period

The 72-hour waiting period can be eliminated from the following policy provisions:

- Definition of restoration period;
- Loss of Income Coverage Extension for Interruption by Civil Authority;
- Additional Loss of Income Coverage for Earnings from Dependent Locations.

Premium Determination -- To determine the additional premium, Multiply the Building and Business Personal Property premiums by the applicable factor shown in the table for this rule:

	Factors
Restaurants	0.0125
Other Classes	0.01

Table for Rule 8.20.2

Endorsement -- Attach endorsement BP 0844.

8.21 Money And Securities

Coverage can be provided for loss to money and securities resulting from theft, disappearance, or destruction.

Premium Determination -- To determine the additional premium, obtain the Money and Securities base amount from the State Rating Information section of this manual and obtain the factor that corresponds to the applicable occupancy and limits of insurance from in the table for this rule. Multiply the Money and Securities base amount by the Money and Securities factor selected.

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Limits	Factors		
	Apts.	Office	Other
\$1,000 Inside; \$0 Outside	.86	.92	.97
\$1,000 Inside; \$1,000 Outside	.98	1.04	1.10
\$1,500 Inside; \$0 Outside	.99	1.05	1.11
\$1,500 Inside; \$1,500 Outside	1.12	1.19	1.25
\$2,000 Inside; \$0 Outside	1.11	1.18	1.25
\$2,000 Inside; \$2,000 Outside	1.26	1.34	1.41
\$2,500 Inside; \$0 Outside	1.23	1.31	1.38
\$2,500 Inside; \$2,500 Outside	1.40	1.49	1.57
\$5,000 Inside; \$0 Outside	1.54	1.64	1.73
\$5,000 Inside; \$2,000 Outside	1.65	1.75	1.84
\$5,000 Inside; \$5,000 Outside	1.75	1.86	1.96
\$10,000 Inside; \$0 Outside	3.09	3.27	3.46
\$10,000 Inside; \$2,000 Outside	3.20	3.38	3.57
\$10,000 Inside; \$5,000 Outside	3.30	3.49	3.69
\$10,000 Inside; \$10,000 Outside	3.52	3.72	3.93
\$20,000 Inside; \$20,000 Outside	7.25	7.47	7.94
\$25,000 Inside; \$25,000 Outside	9.42	9.71	10.32

Table for Rule 8.21

This coverage is not subject to deductible amounts greater than \$500. Do not apply the Deductible Factor.

The terms of this coverage are included in the Optional Property Coverages section of coverage form BP 0200. Indicate the Inside Premises and Outside Premises limits of insurance on the declarations.

Endorsement -- Attach endorsement BP 0304 to add Money and Securities Coverage to BP 0100. Show the Inside Premises and Outside Premises limits of insurance in the endorsement Schedule or on the declarations.

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8.22 Ordinance Or Law Extension

When coverage applies on a replacement cost basis, limited coverage is provided for increased costs of a covered loss resulting from the enforcement of any code, ordinance, law, or decree regulating or requiring the construction, use, or repair of a building.

Additional coverage can be provided for:

- Increased Building Loss -- Value of Undamaged Portions;
- Increased Debris Removal -- Demolition of Undamaged Portions; and/or
- Increased Cost of Construction.

8.22.1 Increased Building Loss -- Value Of Undamaged Portions

Premium Determination -- To determine the additional premium, multiply the basic policy premium developed for the Building for all applicable perils by the factor shown in the table for this rule:

Factor
0.20

Table for Rule 8.22.1

Endorsement -- Attach endorsement BP 0321 and identify the premises and building number to which this coverage applies.

8.22.2 Increased Debris Removal -- Demolition Of Undamaged Portions

Premium Determination -- To determine the additional premium, multiply the selected limit of insurance, in thousands, by the Standard Policy Building rating information.

Multiply the additional premium by the Deductible Factor shown in either Rule 6.1 or Rule 6.2, whichever is applicable.

Endorsement -- Attach endorsement BP 0321, identify the covered property, and indicate the Increased Debris Removal - Demolition of Undamaged Portions limit in the endorsement Schedule or on the declarations.

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8.22.3 Increased Cost Of Construction

Premium Determination -- To determine the additional premium, multiply the selected limit of insurance, in thousands, by the Standard Policy Building rating information.

Multiply the additional premium by the Deductible Factor shown in either Rule 6.1 or Rule 6.2, whichever is applicable.

Endorsement -- Attach endorsement BP 0321, identify the covered property, and indicate the Increased Cost of Construction limit in the endorsement Schedule or on the declarations.

8.22.4 Increased Restoration Period

The Loss of Income Coverage provided under forms BP 0100 and BP 0200 may be extended to include the increased amount of time that is necessary to rebuild or replace property in order to meet the requirements of any code, ordinance, law, or decree in effect that regulates or requires the construction, use, repair, or demolition of any property.

Premium Determination -- To determine the additional premium, multiply the basic policy premium developed for the building for all applicable perils by the factor shown in the table for this rule:

Factor
0.02

Table for Rule 8.22.4

Endorsement -- Attach endorsement BP 0717.

8.23 Outdoor Signs

Limited coverage is provided in forms BP 0100 and BP 0200 for loss or damage to signs that are not attached to buildings.

Coverage for loss to outdoor signs, whether or not attached to buildings, may be provided on an open perils basis, subject to limited exclusions.

Premium Determination -- To determine the additional premium for coverage on an open perils basis, multiply the Outdoor Signs rating information shown in the State Rating Information section of this manual by the limit of insurance, in thousands.

This coverage is not subject to deductible amounts greater than \$500. Do not apply the Deductible Factor.

The terms of the Outdoor Signs coverage are included in the Optional Property Coverages section of coverage forms BP 0100 and BP 0200. Indicate the limit of insurance that applies on the declarations.

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8.24 Property Additional Coverage Endorsement (PACE)

A Property Additional Coverage Endorsement (PACE) is available for use with forms BP 0100 and BP 0200. This endorsement provides terms with specified limits of insurance for various optional coverages.

A list of the coverages and corresponding limits that are provided under the Property Additional Coverage Endorsement follows:

<u>Coverage</u>	<u>Limits</u>
Accounts Receivable	\$20,000 On Premises; \$5,000 Off Premises
Business Personal Property - Off Premises	\$10,000
Employee Dishonesty	\$10,000
Forgery	\$ 5,000
Outdoor Signs	\$10,000
Personal Effects	\$ 5,000
Spoilage Coverage	\$10,000
Valuable Papers and Records	\$15,000 On Premises; \$5,000 Off Premises

Premium Determination -- To determine the additional premium, multiply the PACE rating information shown in the Countrywide Rating Information section of this manual by the total number of locations for which coverage applies.

Endorsement -- Attach endorsement BP 0351.

8.25 Seasonal Increase -- Coverage B

When Coverage B is written at 100% of the average monthly value of business personal property, the policy provides an automatic increase of 25% of the Coverage B limit for seasonal increases in value. If the 100% minimum average value is not met, or if more than a 25% increase is needed, the Coverage B limit can be increased for seasonal changes in value. The period for which limits are increased cannot extend beyond the policy expiration date.

Premium Determination -- To determine the additional premium, prorate the premium for the additional Coverage B limit based on the specific period for which the limit is increased.

Multiply the additional premium by the Deductible Factor shown in either Rule 6.1 or Rule 6.2, whichever is applicable.

Endorsement -- Attach endorsement BP 0323. Show the applicable limit and time period in the endorsement Schedule or on the declarations.

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8.26 Spoilage

Coverage can be provided for loss to Scheduled perishable stock caused by:

- Breakdown, Contamination, and Power Disruption;
- Breakdown and Contamination only; or
- Power Disruption only.

The minimum limit that applies to this coverage is \$1,000.

Premium Determination -- To determine the additional premium, multiply the Spoilage rating information shown in the Countrywide Rating Information section of this manual for the peril(s) selected, by the limit of insurance, in thousands. If a refrigeration maintenance or service agreement applies, use the 'With Service Agreement' rating information.

Multiply the additional premium by the Deductible Factor in Rule 6.1.

Endorsement -- Attach endorsement BP 0327. Identify the covered property, the location where the covered property is kept, the deductible amount, and the limit of insurance that applies in the endorsement Schedule or on the declarations. Make an entry in the endorsement Schedule or on the declarations to indicate the peril or combination of perils that applies.

When coverage for Breakdown and Contamination is provided, make an entry in the endorsement Schedule or on the declarations if a refrigeration maintenance or service agreement applies.

8.27 Sprinkler Leakage Earthquake Extension

If the policy is not endorsed to include coverage for loss caused by earthquake, coverage can be extended to include sprinkler leakage loss caused by an earthquake or volcanic eruption. When provided, coverage under this option applies to all property covered under Coverages A and B and to the loss of income coverage provided under Coverage C.

The sprinkler leakage earthquake extension rating information shown in the State Rating Information section of this manual for buildings and personal property is displayed by earthquake construction classification and earthquake zone. The Business Personal Property rating information for this option also reflects a sprinkler leakage rate group assignment.

The earthquake construction classifications are described in the Property Coverage Options rules. The earthquake zone assignments are shown in the Earthquake Supplement.

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Select the Sprinkler Leakage Earthquake Extension rating information from the State Rating Information section of this manual that reflects the applicable earthquake construction type and earthquake zone for each covered building, and for the personal property at each covered location. The Business Personal Property rating information selected must also reflect the applicable sprinkler leakage rate group assignment ("l" - low, "m" - moderate, or "h" - high) from the SL column of the Classification Table.

Premium Determination -- To determine the additional premium, multiply the Sprinkler Leakage Earthquake Extension rating information selected above by the applicable Coverage A and Coverage B limits, in thousands.

Multiply the additional premium by the Deductible Factor shown in Rule 6.1.

Also multiply the additional Sprinkler Leakage Earthquake Extension premium by any of the applicable Earthquake Premium Modification factors shown under Rule 8.12.3. (The Masonry Veneer factors do not apply to the Sprinkler Leakage Earthquake Extension.)

Endorsement -- Attach endorsement BP 0325.

8.28 Utility Interruption Coverage

Coverage can be provided for property damage or loss of income resulting from the interruption of an off-premises public utility service caused by a peril insured against.

Off-premises public utility services include: electricity, steam, or gas supply (with or without coverage for damage to overhead transmission lines); water supply; and communications supply (with or without coverage for damage to overhead transmission lines).

8.28.1 Property Damage

Property Damage coverage can be subject to the policy limit for Coverages A and B, or separate limits can apply.

For each location where coverage applies, the following information must be shown in the endorsement Schedule or on the declarations:

- the off-premises public utility service or services for which coverage will apply; and
- whether coverage with or without transmission lines applies.

The applicable Utility Interruption limits must also be indicated on the endorsement Schedule when they are not equal to the Coverage A and Coverage B limits.

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Endorsement -- Attach endorsement BP 0661 and indicate the covered property, the utility service(s), and the limit(s) in the endorsement Schedule or on the declarations.

8.28.2 Time Element

Time Element coverage can be subject to the Coverage C limit or a separate limit can apply. When Coverage C is written without a limit, a limit must be selected for this coverage.

The following information must be shown in the endorsement Schedule or on the declarations for each location where coverage applies:

The information that follows must be shown on the endorsement:

- the off-premises public utility service or services for which coverage will apply; and
- whether coverage with or without transmission lines applies.

The applicable Utility Interruption limits must also be indicated on the endorsement Schedule when Coverage C is written without a limit, or when the Utility Interruption limit is not equal to the limit for Coverage C.

Endorsement -- Attach endorsement BP 0662 and indicate the utility service(s) and the limit(s) on the endorsement Schedule or on the declarations.

8.28.3 Premium Development

Separate rating information is provided for Power, Electricity, Steam, or Gas Supply; Communication Supply; Water Supply; and Overhead Transmission Lines. Develop separate Property Damage and Time Element charges for each type of utility service that applies.

Rating information is also provided in the Countrywide Rating Information section of this manual for the peril of Earthquake. Include this charge when the Earthquake and Volcanic Eruption Coverage endorsement (BP 0332) is attached to the policy.

Property Damage

Step 1 -- Add together the Property Damage Utility Interruption rating information shown in the Countrywide Rating Information section of this manual for all applicable utility services.

Step 2 -- When form BP 0200 applies, add the additional Special Policy Building and Business Personal Property Additional Charges shown in the Countrywide Rating Information section of this manual to the result of Step 1.

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Step 3 -- Multiply the result of Step 2 by the Utility Interruption - Property Damage limit of insurance, in thousands.

Step 4 -- Multiply the result of Step 3 by the Deductible Factor shown in either Rule 6.1 or Rule 6.2, whichever is applicable.

Time Element

Step 1 -- Add together the Time Element Utility Interruption rating information shown in the Countrywide Rating Information section of this manual for all applicable utility services.

Step 2 -- Multiply the result of Step 1 by the Utility Interruption -Time Element limit of insurance, in thousands.

8.29 Valuable Papers And Records

Limited coverage for valuable papers and records is provided in forms BP 0100 and BP 0200. Coverage applies to the insured's valuable papers and records and the valuable papers and records of others that are in the insured's care, custody, and control.

Coverage is provided under forms BP 0100 and BP 0200 at a limit of \$10,000 (unless a higher limit is shown on the declarations) for loss that takes place at the described premises and at a \$5,000 limit for loss that takes place away from the described premises.

The limits for On-Premises coverage can be increased. Make an entry on the declarations for any higher On-Premises limit of insurance that applies.

Premium Determination -- To determine the additional premium for a higher On-Premises limit, multiply the Standard Policy Business Personal Property rating information by the factor shown in the table for this rule. Multiply the result by the Valuable Papers and Records limit of insurance, in thousands, in excess of \$10,000.

	Factors
Restaurants	0.70
Other Classes	0.49

Table for Rule 8.29

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8.30 Building Functional Replacement Cost Valuation

Buildings can be covered on a functional replacement cost basis instead of on a replacement cost basis. The functional replacement valuation terms specify that covered buildings can be replaced with similar property that performs the same function as the covered property, but that costs less. The insured must enter into a contract for the replacement or repair of the covered property within 180 days of the loss unless the company and the insured agree to a greater number of days.

Buildings that are covered on the basis of functional replacement cost are also subject to special terms that address Increased Costs -- Ordinance or Law. When building coverage is provided on a functional replacement cost basis, losses covered under the following Ordinance or Law coverages are included within the applicable limit for each building and are not provided as additional insurance:

- Increased Building Loss -- Value of Undamaged Portions;
- Increased Debris Removal -- Demolition of Undamaged Portions; and
- Increased Cost of Construction.

Premium Determination -- Multiply the Standard Policy Building rating information by the applicable factor shown in the table for this rule:

Rate Group	Factor
21	1.30
19, 20, or 29	1.21
All Other, Owner Occupied	1.30
All Other, Lessor's Risk	1.21

Table for Rule 8.30

Endorsement -- Attach endorsement BP 0345. Describe the covered building and show the limit that applies on a functional replacement cost valuation basis in the endorsement Schedule or on the declarations.

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8.30.1 Increased Restoration Period

When form BP 0100 or BP 0200 is endorsed to include endorsement BP 0717, Loss of Income Coverage is extended to include the increased amount of time that is necessary to rebuild or replace property in order to meet the requirements of any code, ordinance, law, or decree in effect that regulates or requires the construction, use, repair, or demolition of property.

The coverage provided by endorsement BP 0717 also applies with respect to loss or damage to property described in endorsement BP 0345. Use the rating information provided for Rule 8.22.4 to determine the additional premium.

Endorsement -- Make an entry on the Schedule of endorsement BP 0345 or on the declarations to indicate that the Loss of Income Increased Restoration Period option applies.

8.30.2 Elimination Of 72-Hour Waiting Period

When form BP 0100 or BP 0200 is endorsed to include endorsement BP 0844, the 72-hour waiting period imposed under the following provisions is eliminated:

- definition of restoration period;
- loss of Income Coverage Extension for Interruption by Civil Authority;
and
- additional Loss of Income Coverage for Earnings from Dependent Locations.

The coverage provided by endorsement BP 0844 also applies with respect to loss or damage to property described in endorsement BP 0345. Use the rating information provided for Rule 8.20.2 to determine the additional premium.

Endorsement -- Make an entry on the Schedule of endorsement BP 0345 or on the declarations to indicate that the Number of Hours Waiting Period for the Restoration Period is zero.

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8.31 Business Personal Property Functional Replacement Cost Valuation

Business Personal Property can be covered on a functional replacement cost basis instead of on a replacement cost basis. The functional replacement valuation terms specify that covered business personal property can be replaced with equivalent property. The insured must enter into a contract for the replacement or repair of the covered property within 180 days of the loss unless the company and the insured agree to a greater number of days.

The basic policy rating information for business personal property must be adjusted when functional replacement cost option applies.

Premium Determination -- Multiply the Standard Policy Business Personal Property rating information by the applicable factor shown in the table for this rule.

Rate Group	Factor
21	1.30
All Other Rate Groups	1.21

Table for Rule 8.31

Endorsement -- Attach endorsement BP 0343. Describe the covered business personal property and show the limit that applies on a functional replacement cost valuation basis in the endorsement Schedule or on the declarations.

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RULE 9 -- LIABILITY COVERAGE OPTIONS

9.1 Additional Insureds

The liability section of the businessowners policies may require modification in order to extend the insured's liability protection to other persons or entities. This can be accomplished through the use of Additional Insured endorsements.

Coverage for additional insureds is subject to all of the exclusions and conditions found in the liability section of the businessowners policy to which the additional insured endorsement is attached. Each endorsement may contain additional limitations.

Premium Determination -- Unless otherwise shown in this manual, refer to company for any applicable rating information.

9.1.1 Concessionaires Trading Under The Insured's Name

The definition of insured can be amended to include concessionaires described in the endorsement. This endorsement is used to provide coverage for those concessions or activities in a department store that are owned and conducted by others, but which are operated in the department store's name. Coverage for concessionaires applies only under Coverage L for bodily injury or property damage arising out of the products and completed work hazard.

Endorsement -- Attach endorsement BP 0709 and identify the applicable concessionaires in the endorsement Schedule or on the declarations.

9.1.2 Controlling Interest

The definition of insured can be amended to include a party who has financial control over the named insured or the described premises during the time that the named insured leases or occupies that premises. Liability due to new construction, demolition, and alterations done by or for the additional insured is excluded.

Endorsement -- Attach endorsement BP 0702 and identify the described premises and the controlling interest in the endorsement Schedule or on the declarations.

9.1.3 Co-owner Of The Insured Premises

The definition of insured can be amended to include the interests of co-owners of the insured premises for liability arising out of the premises. The co-owners of the premises and the designated premises must be described on the endorsement.

Endorsement -- Attach endorsement BP 0701 and identify the insured premises and the co-owner of the insured premises in the endorsement Schedule or on the declarations.

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9.1.4 Designated Person Or Organization

The definition of insured can be amended to include the person or organization that belongs to a class that is not otherwise addressed by any specific additional insured endorsement as an additional insured. Such person or organization is an additional insured only for that person's or organization's liability caused either in whole or in part by the named insured's acts or omissions or acts or omissions committed by others on behalf of the named insured.

Endorsement -- Attach endorsement BP 0841 and identify the designated person or organization and the designated person's or organizations legal interest in the insured's activities, if applicable, in the endorsement Schedule or on the declarations.

9.1.5 Engineers, Architects, Or Surveyors

The definition of insured can be amended to include any architect, engineer, or surveyor engaged by the named insured as an additional insured. Coverage is provided only for liability caused either in whole or in part by the named insured's acts or omissions or the acts or omissions committed by others on behalf of the named insured in connection with the named insured's premises or in the performance of the named insured's ongoing work. Professional liability is excluded.

Endorsement -- Attach endorsement BP 0843.

9.1.6 Grantor Of Franchise

The definition of insured can be amended to include a person or organization that grants the insured a franchise for liability arising out of the person's or organization's capacity as grantor.

Endorsement -- Attach endorsement BP 0499 and identify the grantor of the insured's franchise in the endorsement Schedule or on the declarations.

9.1.7 Lessor Of Leased Equipment

The definition of insured can be amended to include the person or organization that is leasing equipment to the named insured as an additional insured. Such person or organization is an additional insured only for that person's or organization's liability caused either in whole or in part by the insured's maintenance, operation, or use of the leased equipment.

Premium Determination -- To determine the additional premium for each additional insured at each location, select the Lessor of Leased Equipment charge shown in the Countrywide Rating Information section of this manual that corresponds to the occupancy of the insured.

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Endorsement -- Attach a separate copy of endorsement BP 0842 for each Lessor of Leased Equipment and identify the party from whom the equipment is being leased in the endorsement Schedule or on the declarations.

9.1.8 Lessor Of Premises

The definition of insured can be amended to include as an additional insured the owner or manager of the premises (lessor) that is being leased by the named insured (lessee) for liability caused either in whole or in part by the named insured's acts or omissions or acts or omissions committed by others on behalf of the named insured in connection with the named insured's premises. Liability due to new construction, demolition, and alterations done by or for the additional insured is excluded.

Premium Determination -- To determine the additional premium for each additional insured at each location, select the Lessor of Premises charge shown in the Countrywide Rating Information section of this manual that corresponds to the occupancy of the insured.

Endorsement -- Attach endorsement BP 0845 and indicate the portion of the premises that is leased to the insured and the name of the lessor in the endorsement Schedule or on the declarations.

9.1.9 Mortgagee, Assignee, Or Receiver

The definition of insured can be amended to include the interests of mortgagees, assignees, or receivers for liability arising out of the premises that the named insured owns, maintains, or uses. Liability due to new construction, demolition, and alterations done by or for the additional insured is excluded.

Endorsement -- Attach endorsement BP 0703 and describe the premises and the Mortgagee, Assignee, or Receiver in the endorsement Schedule or on the declarations.

9.1.10 Newly Acquired Organizations

The definition of insured can be amended to include organizations newly acquired or formed by the insured for the first 90 days after the date of the organization's acquisition or formation.

Endorsement -- Attach endorsement BP 0738.

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9.1.11 Owner Or Lessor Of Leased Land

The definition of insured can be amended to include the owners or lessors of land that is leased to the named insured. Liability due to new construction, demolition, and alterations done by or for the additional insured is excluded.

Endorsement -- Attach endorsement BP 0307 and describe the portion of land that is being leased to the insured and the party from whom it is being leased in the endorsement Schedule or on the declarations.

9.1.12 State Or Political Subdivisions -- Premises Permits

The definition of insured can be amended to include a state or political subdivision that has issued a permit to the named insured but only with respect to the hazards described in the endorsement, as they pertain to premises owned or rented by the insured.

Endorsement -- Attach endorsement BP 0704 and identify the State or Political Subdivision in the endorsement Schedule or on the declarations.

9.1.13 Townhouse Associations

The definition of insured can be amended to include each individual townhouse owner for liability arising out of membership in townhouse associations.

Endorsement -- Attach endorsement BP 0334.

9.1.14 Vendors

The definition of insured can be amended to include a vendor of the named insured's products. Limited products liability coverage is provided for such vendors. However, that vendor is not an insured for any injury or damage arising out of that vendor's sole negligence.

Endorsement -- Attach endorsement BP 0708 and identify the vendor and the vendor's products in the endorsement Schedule or on the declarations.

9.2 Aggregate Limits Of Insurance -- Per Location

The general aggregate limit can apply separately to each of the insured's locations.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0747.

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9.3 Asbestos Exclusion

The liability section of the businessowners policies may be endorsed to exclude injury or damage that arises out of asbestos, asbestos products, asbestos fibers, or asbestos dust.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0839.

9.4 Construction Defects

9.4.1 Exclusion -- Damage To Work Performed By The Insured Or On The Insured's Behalf

Liability coverage can be excluded for property damage to the insured's work if the property damage arises out of the insured's work and is done by a subcontractor.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0680.

9.4.2 Exclusion -- Damage To Work Performed By The Insured Or On The Insured's Behalf -- Designated Locations Or Projects

Liability coverage can be excluded for property damage to the insured's work at specific locations, or only with respect to specific projects, if the property damage arises out of the insured's work and is done by a subcontractor.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0681 and show the excluded Locations or Projects in the endorsement Schedule or on the declarations.

9.4.3 Exclusion -- Exterior Insulation And Finish Systems

Liability coverage can be excluded for injury or damage that arises out of an exterior insulation and finish system (EIFS), as defined in the endorsement.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0678.

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9.5 Contractual Liability Coverage

9.5.1 Contractual Liability Coverage Limitation

The contractual liability coverage can be limited to only these specific types of contracts:

- Leases of premises;
- Easement agreements;
- Promises to indemnify municipalities;
- Sidetrack agreements; or
- Elevator maintenance agreements.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0725.

9.5.2 Amendment Of The Definition Of Covered Contract

With respect to miscellaneous contracts or agreements relating to the conduct of the insured's business, the definition of covered contract can be amended to limit coverage to bodily injury or property damage that is caused by the named insured or those acting on behalf of the named insured.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0753.

9.5.3 Leased Premises Limitation

Contractual liability coverage assumed under a lease of premises can be limited to only the premises shown in the Schedule.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0727 and identify the Leased Premises in the endorsement Schedule or on the declarations.

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9.6 Coverage P -- Personal And Advertising Injury Coverage Excluded

Coverage P - Personal and Advertising Injury Coverage can be excluded from a Businessowners policy.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0726.

9.7 Cross Liability Exclusion

Coverage for bodily injury and personal and advertising injury to an insured can be excluded.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0724.

9.8 Customers' Auto Legal Liability Coverage -- Care, Custody, Or Control Exception

Coverage for property damage to a customer's auto left in the insured's care, custody, or control for service, repair, parking, or storage can be added to the policy.

Coverage is subject to separate Each Occurrence and Aggregate Limits, and applies in excess of the deductible shown in the Schedule.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0744 and indicate the Each Occurrence Limit, Aggregate Limit, and deductible amount in the endorsement Schedule or on the declarations.

9.9 Definition Of Employee Redefined

The definition of employee can be amended to exclude leased workers. A leased worker is a person leased from a labor leasing firm to perform duties related to the named insured's business.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0723.

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9.10 Deletion -- Coverage M - Medical Payments

Coverage M - Medical Payments can be deleted for a specific location or a specific classification.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0739 and identify the location of the premises or the classification to which Coverage M does not apply in the endorsement Schedule or on the declarations.

9.11 Deletion -- Volunteer Workers

Volunteer workers can be deleted from the definition of insured.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0737.

9.12 Employee Benefits Liability Coverage

9.12.1 Coverage Description

Employee benefits liability coverage can be provided to cover damages for injury to an employee caused by a negligent act, error, or omission in the administration of an employee benefits program.

Employee benefits liability coverage applies on a claims made basis. This means that the negligent act, error or omission must occur on or after the retroactive date shown in the Schedule and before the end of the policy period, and the notice of the claim must be made within the policy period (or the extended reporting period).

The Employee Benefits Liability Coverage endorsement contains provisions for the following limits:

Each Claim Limit - The Each Claim Limit is the most that will be paid for all damages arising out of a single claim covered under Coverage E.

Aggregate Limit - The Aggregate Limit for Coverage E is the most that will be paid during each annual policy period for damages arising out of claims covered under Coverage E. The Aggregate Limit is the same as the Each Claim Limit.

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Deductible - The deductible amount will be deducted from the amount of each claim.

Premium Determination -- To determine the additional premium, select the Employee Benefits Liability charge shown in the Countrywide Rating Information section of this manual that corresponds to the desired limits of insurance.

The rating information contemplates a deductible of \$1,000 for each claim. This coverage is not subject to deductible amounts other than \$1,000. Do not apply the policy Deductible Factor.

Refer to company for any applicable rating information for organizations with more than 100 employees.

Endorsement -- Attach endorsement BP 0728 and show the limits and any retroactive date that applies in the endorsement Schedule or on the declarations.

9.12.2 Extended Reporting Periods

Extended reporting periods allow for injuries that occur after the retroactive date and before the end of the policy period, but the claim is not made until after the policy's expiration.

Basic Extended Reporting Period

The Basic Extended Reporting Period starts with the end of the policy period and lasts for:

Twelve months for claims arising out of an event that was reported within 60 days after the end of the policy period; or

Sixty days after the end of the policy period for all other claims.

The Basic Extended Reporting Period is provided at no additional charge. No additional endorsement is required.

Supplemental Extended Reporting Period

The Supplemental Extended Reporting Period extends the time for reporting a claim without limit. The period starts when the basic extended reporting period ends. The additional charge cannot exceed 200% of the annual premium for Coverage E.

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Supplemental Coverage E -- Employee Benefits Liability Aggregate

Limit - A separate aggregate limit applies to claims first received and recorded during the supplemental extended reporting period. The Supplemental Coverage E - Employee Benefits Liability Aggregate Limit is equal to the aggregate limit shown in the Schedule for Coverage E.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0729 and indicate the premium in the endorsement Schedule or on the declarations.

9.13 Employment Practices Liability (Coverage F)

9.13.1 Coverage Description

Coverage for liability arising out of Employment Practices may be added to the policy to cover damages for injury that results from a wrongful employment practice, such as:

- work related harassment, including sexual harassment;
- wrongful termination and other wrongful acts or omissions pertaining to hiring practices, disciplinary action, evaluations, or representation of the conditions of employment;
- unlawful work related discrimination, including discrimination based on race, gender, age, and other protected classes, as described under federal, state, or local law;
- invasion of privacy;
- employment related defamation or intentional infliction of emotional distress; and
- retaliation.

Employment Practices Liability coverage is provided on a claims made basis, meaning that coverage applies only to claims for injury resulting from wrongful employment practices that occur on or after the Retroactive Date and before the end of the policy period that applies to Coverage F.

Other types of payments or coverage that are automatically provided in conjunction with Employment Practices Liability are:

Defense Coverage - The Defense Coverage provided under Employment Practices Liability coverage is subject to the Coverage F - Employment Practices Liability Each Claim and Aggregate Limits shown in the endorsement Schedule.

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Supplemental Payments - Payments for Pre-Judgment and Post-Judgment Interest are not subject to the deductible and apply in addition to the Coverage F - Employment Practices Liability Each Claim and Aggregate Limits shown in the endorsement Schedule.

Endorsement -- Attach endorsement BP 0623.

9.13.2 Limits

The following separate coverage limits apply to Employment Practices Liability:

Each Claim Limit - The Coverage F - Employment Practices Liability Each Claim Limit is the most that will be paid for all damages and related defense costs arising out of a single claim covered under the Employment Practices Liability coverage endorsement.

Aggregate Limit - The Coverage F - Employment Practices Liability Aggregate Limit is the most that will be paid during each annual policy period for all damages and related defense costs arising out of all claims covered under the Employment Practices Liability coverage endorsement. The rating information shown in the State Rating Information section of this manual contemplates a Coverage F - Employment Practices Liability Aggregate Limit that is equal to the Coverage F - Employment Practices Liability Each Claim Limit.

Available limits for Employment Practices Liability are:

<u>Each Claim</u>	<u>/</u>	<u>Aggregate</u>
\$ 25,000	/	\$ 25,000
\$ 50,000	/	\$ 50,000
\$ 100,000	/	\$ 100,000
\$ 300,000	/	\$ 300,000
\$ 500,000	/	\$ 500,000
\$1,000,000	/	\$ 1,000,000

Show the applicable limits in the endorsement Schedule or on the declarations.

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9.13.3 Deductible

Employment Practices Liability is subject to a per claim deductible. Only damages and related defense costs in excess of the deductible amount will be paid, subject to the Coverage F - Employment Practices Liability Each Claim and Aggregate limits of insurance.

The following deductible options are available for Employment Practices Liability:

\$ 2,500
\$ 5,000
\$ 10,000
\$ 15,000
\$ 20,000
\$ 25,000

Show the applicable deductible amount in the endorsement Schedule or on the declarations.

9.13.4 Minimum Premium

Refer to company to determine if the premium for Employment Practices Liability coverage is subject to a minimum premium requirement.

9.13.5 Retroactive Date

The claims made coverage provided under the Employment Practices Liability coverage endorsement applies only to claims for injury resulting from wrongful employment practices that occur on or after the Retroactive Date shown in the endorsement Schedule or on the declarations and before the end of the policy period. The claim for damages must be made within the policy period (or the Extended Reporting Period, if applicable).

The Retroactive Date selected should coincide with the original inception date of the Employment Practices Liability coverage endorsement and should be retained on all subsequent renewals of the coverage.

Show the applicable Retroactive Date in the endorsement Schedule or on the declarations.

Omitting The Retroactive Date - Coverage may be provided without a Retroactive Date. When no Retroactive Date applies, claims for injury resulting from wrongful employment practices that occurred prior to the inception of the policy would be eligible for coverage, provided such claims are first reported during the policy period (or Extended Reporting Period, if applicable).

If this option is selected, indicate 'None' in the Retroactive Date field in the endorsement Schedule or on the declarations. Refer to company to determine if any premium adjustment applies.

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Changing The Retroactive Date - A change in the Retroactive Date may be prompted by such circumstances as:

- a change in the insured's operations which results in a substantial increase in exposures;
- failure of the insured to provide the company with information material to the company's acceptance of the risk; or
- the insured's request.

If the Retroactive Date is changed, companies are advised to obtain the insured's written consent and written acknowledgment of the right to purchase the Extended Reporting Period prior to making the change. Refer to company to determine if any premium adjustment applies.

9.13.6 Additional Insureds

The definition of insured in the Employment Practices Liability coverage endorsement does not automatically include employees, but it can be amended to include employees, as well as any of the other types of entities described in this rule.

Newly Acquired Organizations - Includes organizations in which the insured has a majority interest. Coverage is provided for a period of up to 90 days from the date of acquisition.

All Employees - Includes supervisory as well as all other employees.

Supervisory Employees - Includes only those employees who have management level responsibility and authority.

Controlling Interests - Includes persons or organizations that have financial control over the insured, and to whom a liability exposure arising out of the insured's employment practices could result.

Designated Person Or Organization - Includes any specified person or organization to whom a liability exposure arising out of the insured's employment practices could result.

Make an entry in the endorsement Schedule or on the declarations to indicate any additional insureds that apply.

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9.13.7 Extended Reporting Period

For an additional premium, an Extended Reporting Period that begins at the end of the policy period and continues in effect for one, two, or three years following the end of the policy period may be purchased.

A separate Aggregate Limit, equal in amount to the Coverage F - Employment Practices Liability Aggregate Limit, applies to claims that are eligible for coverage under the Extended Reporting Period.

Coverage under the Extended Reporting Period applies only to claims for injury resulting from wrongful employment practices which occurred after the Retroactive Date, if any, and before the end of the policy period, but that are first reported during the Extended Reporting Period.

Premium Determination -- The additional premium that is charged for the Extended Reporting Period is 200% of the annual premium applicable to Employment Practices Liability coverage during the policy period. Refer to company for the applicable rating information if an Extended Reporting Period term of other than 3 years is selected.

Endorsement -- Attach endorsement BP 0639 and indicate, in the endorsement Schedule or on the declarations, if the term of the Extended Reporting Period is other than three years.

9.13.8 Premium Development

Step 1 -- Determine the total number of full and part-time employees that were employed by the insured during the past 12 months.

Add the total number of full time employees to one half of the total number of part-time employees.

Employees that work less than 20 hours per week are considered to be part-time employees.

Step 2 -- From the State Rating Information section of this manual, select the Employment Practices Liability per employee charge and flat charge, if applicable, for the applicable rate group, total number of employees, and limit of insurance desired. (The rate group assignments for Employment Practices Liability coverage correspond to the 'Prop' rate group assignments in the Classification Table that are used to determine the basic Businessowners premium.)

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Step 3 -- Use the following rating step that corresponds to the total number of employees:

<u>Total Number Of Employees</u>	<u>Rating Step</u>
25 or Less	Multiply the per employee charge selected in Step 2 by the total number of employees.
26 to 50	Multiply the per employee charge selected in Step 2 by the number of employees that exceed 25 and add the result to the flat charge shown for the first 25 employees.
51 to 100	Multiply the per employee charge selected in Step 2 by the number of employees that exceed 50 and add the result to the flat charge shown for the first 50 employees.
More than 100	Refer to company for any applicable rating information.

Step 4 -- To reflect the maturity of the risk, determine the number of years that Employment Practices Liability coverage will have been in effect on a claims made basis as of the end of the policy period, and select the corresponding Claims Made factor from the table below. Multiply the result of Step 3 by the applicable Table A factor.

	Factor
1 Yr	.84
2 Yrs	.92
3 Yrs	.97
4 Yrs	.99
5 Yrs	1.00

Table A for Rule 9.13.8

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Step 5 -- Select the factor shown in Table B for this rule that corresponds to the desired deductible amount for this coverage. Multiply this factor by the result of Step 4.

Limit of Insurance (,000's omitted)	Deductible					
	\$25	\$50	\$100	\$300	\$500	\$1,000
\$2,500	1.000	1.000	1.000	1.000	1.000	1.000
5,000	.927	.939	.950	.961	.965	.968
10,000	---	.818	.850	.882	.896	.905
15,000	---	.757	.800	.843	.861	.873
20,000	---	.696	.750	.804	.826	.841
25,000	---	.635	.700	.765	.791	.810

Table B for Rule 9.13.8

Step 6 -- For each Additional Insured or other factor-rated coverage option that applies, multiply the result of Step 5 by the factor(s) shown in Table C for this rule. If more than one option applies, apply the corresponding factors sequentially.

Additional Insureds		Factor
Newly Acquired Organizations		1.05
All Employees		1.10
Supervisory Employees		1.05
Controlling Interests		1.05
Designated Person or Organization		1.05

Table C for Rule 9.13.8

Step 7 -- Multiply the result of Step 6 by the factor that represents the sum of the applicable premium modification credits and debits described in Rule 9.13.9. If no premium modifications apply, multiply the result of Step 6 by a factor of 1.00.

Step 8 -- Compare the result of Step 7 to the minimum premium specified by the company, if applicable. If the result of Step 7 is equal to or greater than the minimum premium, the result of Step 7 will be the premium for Employment Practices Liability coverage. If the result of Step 7 is less than the minimum premium, the minimum premium will be the premium for Employment Practices Liability coverage.

Step 9 -- Use the Employment Practices Liability premium determined in Step 8 as the basis for calculating the additional premium for the Extended Reporting Period coverage option, when applicable.

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9.13.9 Premium Modifications

Modify the Employment Practices Liability coverage premium to recognize any of the special characteristics described below that are not fully reflected in the rating information.

The sum of the modifications developed using this table cannot exceed plus or minus 25%.

Convert the total percent developed under this rule to a factor.

<u>SPECIAL CHARACTERISTICS</u>	<u>PREMIUM MODIFICATION</u>
(1) Any claims of wrongful termination, discrimination, or sexual harassment or any related charges or inquiries brought by state or federal authorities against the insured within the past five years	+20%
(2) The insured's Employment Practices Liability Coverage was canceled or non-renewed by another insurance carrier	+5%
(3) The insured's employment policies are periodically reviewed by labor relations counsel	-5%
(4) Turnover rates (ratio of employees that resigned or were forcibly discharged within the past 12 months relative to the number of positions within the company) are: -- Less than 5% -- 5 - 10% -- 11 - 20% -- Over 20%	-5% 0% +5% +10%
(5) The insured's use and maintenance of records of employment and applications	-5% to +5%
(6) Employee training and awareness with respect to discrimination and sexual harassment within the workplace	-10% to +10%
(7) The insured's financial stability	-5% to +5%
(8) The use of an "At-Will" statement in the insured's employment policy	-5% to +5%

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9.14 Exclusion -- Abuse Or Molestation

Coverage can be excluded for injury or damage due to the actual or threatened abuse or molestation of any person while in the care, custody, or control of an insured.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0736.

9.15 Expanded Coverage For Property Damage To Rented Premises

Forms BP 0100 and BP 0200 include Coverage O, which provides fire legal liability coverage for buildings rented by or loaned to the named insured. The basic limit for Coverage O is \$50,000. Forms BP 0100 and BP 0200 also provide up to \$50,000 in coverage for property damage to short-term rented premises and the contents of such premises. Short-term rented premises are premises which are rented to an insured for a period of seven or fewer successive days. The limit that applies to property damage to short-term rented premises does not apply to damages covered under Coverage O.

The coverages described above can be expanded to apply to property damage to scheduled premises that are either rented to the named insured or that are temporarily occupied by the named insured with the owner's permission. Such coverage is provided only to the extent that the named insured is legally liable for the damage. When this optional coverage applies, neither the terms of Coverage O nor the coverage for short-term rented premises applies to the scheduled premises.

The expanded coverage for property damage to rented premises can be provided at limits of \$50,000 up to \$1,000,000, per occurrence. The limit that applies to the expanded property damage coverage for rented premises is also subject to the policy's General Aggregate Limit and Products/Completed Work Hazard Aggregate Limit.

Premium Determination -- Use the applicable premium determination method shown below. This coverage is not subject to a deductible. Do not apply the Deductible Factor.

Premium Determination

Step 1 --

Pre-calculated -- Select the Standard Policy owner-occupied Building rating information for the applicable rate group.

Factor Rating -- Use Steps 1 and 2 of Rule 7.7.3 to determine the property component of the Standard Policy Building rating information for the applicable rate group.

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Step 2 -- If the rented premises are protected by an automatic sprinkler system, multiply the result of Step 1 by the applicable Protective Device or Services factor shown in Table B for Rule 5.1.

Step 3 -- Multiply the result of Step 2 (or the result of Step 1, if Step 2 does not apply) by the factor shown below:

Factor
0.10

Table for Rule 9.15

Step 4 -- Multiply the result of Step 3 by the selected Expanded Coverage For Property Damage To Rented Premises limit of insurance, in thousands.

Endorsement -- Attach endorsement BP 0730. Describe the premises and indicate the per occurrence limit of insurance in the endorsement Schedule or on the declarations.

9.16 Fungus And Related Perils Options

9.16.1 Exclusion -- Fungus Or Related Perils

Liability coverage can be excluded for mold-related injury or damage that results from the ingestion of, inhalation of, or exposure to fungus or related perils; clean-up costs or costs for testing; and costs due to claims by governmental authorities. Exceptions apply to bodily injury that results from a fungus cultivated or harvested for human consumption or that results from a food-borne or beverage-borne bacterium that causes illness commonly known as food poisoning.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0676.

9.16.2 Exclusion -- Fungus Or Related Perils - Contracting Operations

When a policy insures a risk that involves contracting operations, liability coverage can be excluded for mold-related injury or damage that arises out of the insured's work and results from the ingestion of, inhalation of, or exposure to fungus or related perils included in the products and completed work hazard; clean-up costs or costs for testing; and costs due to claims by governmental authorities.

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Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0677.

9.16.3 Limited Coverage For Fungus Or Related Perils

Coverage for bodily injury and property damage arising out of the ingestion of, inhalation of, or exposure to fungus or related perils can be added to the policy. A separate each occurrence limit and aggregate limit apply to this coverage, subject to the policy each occurrence and aggregate limit.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0679 and show the each occurrence and aggregate limits in the Schedule.

9.17 Higher Commercial Liability Limits

9.17.1 Higher Each Occurrence Limit

The basic Each Occurrence limit can be increased from \$300,000 to \$500,000, \$1,000,000, or \$2,000,000. Show the applicable Each Occurrence Limit on the declarations.

Rating information for the Basic and Increased Each Occurrence limits for Restaurants (Rate Group 21) is shown separately in the State Rating Information section of this manual.

To increase the Each Occurrence limit for all classifications other than Restaurants, use the applicable premium determination method shown below, based on whether or not the Factor Rating procedures apply.

Premium Determination -- Pre-calculated

Apply Step 6 of the pre-calculated rating procedures set forth for Business Personal Property (Rule 7.7.2) and, when applicable, for Buildings (Rule 7.7.1).

Premium Determination -- Factor Rating

Apply Step 7 of the factor rating procedures set forth for Business Personal Property (Rule 7.7.4) and, when applicable, for Buildings (Rule 7.7.3).

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9.17.2 Higher Fire Legal Liability Limit

The basic Fire Legal Liability Limit can be increased from \$50,000 up to \$1,000,000, provided that it does not exceed the Each Occurrence limit.

Use the applicable premium determination method shown below, based on whether or not the rented premises are sprinklered and whether or not the Factor Rating procedures apply. This coverage is not subject to a deductible. Do not apply the Deductible Factor.

Factor
0.05

Table for Rule 9.17.2

Premium Determination -- Pre-calculated

Non-Sprinklered Premises

Step 1 -- To determine the additional premium, multiply the Standard Policy owner-occupied Building rating information for the applicable rate group by the applicable Higher Fire Legal Liability factor shown in the Table for Rule 9.17.2.

Step 2 -- Multiply the result of Step 1 by the portion of the selected Fire Legal Liability limit, in thousands, in excess of \$50,000.

Sprinklered Premises

Step 1 -- To determine the additional premium, multiply the Standard Policy owner-occupied Building rating information for the applicable rate group by the applicable Protective Device or Services factor shown in Rule 5.1 for sprinklered properties.

Step 2 -- Multiply the result of Step 1 by the factor shown in the table for Rule 9.17.2.

Step 3 -- Multiply the result of Step 2 by the portion of the selected Fire Legal Liability limit, in thousands, in excess of \$50,000.

Show the Fire Legal Liability Limit that applies on the declarations.

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Premium Determination -- Factor Rating

Non-Sprinklered Premises

Step 1 -- Use Steps 1 and 2 of Rule 7.7.3 to determine the property component of the Standard Policy Building rating information for the applicable rate group.

Step 2 -- Multiply the property component of the Standard Policy Building rating information, as determined in Step 1 of this rating procedure, by the factor shown in the table for Rule 9.17.2.

Step 3 -- Multiply the result of Step 2 of this rating procedure by the portion of the selected Fire Legal Liability limit, in thousands, in excess of \$50,000.

Sprinklered Premises

Step 1 -- Use Steps 1 and 2 of Rule 7.7.3 to determine the property component of the Standard Policy Building rating information for the applicable rate group.

Step 2 -- Multiply the property component of the Standard Policy Building rating information, as determined in Step 1 of this rating procedure, by the applicable Protective Device or Services factor shown in Rule 5.1 for sprinklered properties.

Step 3 -- Multiply the result of Step 2 of this rating procedure by the factor shown in the table for Rule 9.17.2.

Step 4 -- Multiply the result of Step 3 of this rating procedure by the portion of the selected Fire Legal Liability limit, in thousands, in excess of \$50,000.

9.17.3 Higher General Aggregate Limit

The General Aggregate Limit can be increased to three times the Each Occurrence Limit. Show the General Aggregate Limit on the declarations.

The liability rating information must be adjusted when this option applies.

Premium Determination

Multiply the Restaurant liability rating information shown in the State Rating Information section of this manual by the applicable factor shown in the table for Rule 9.17.3:

	Factor
Restaurants	1.0050
Other Classes	1.0015

Table for Rule 9.17.3

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For all classifications other than Restaurants, the basic policy rating information for Business Personal Property must be adjusted when this option applies. The basic Building rating information must also be adjusted when the building is classified as Lessor's Risk or the building is rated under Rate Group 19, 20, or 29. Use the applicable adjustment method or methods shown below, based on whether or not the Factor Rating procedures apply.

Pre-calculated

- Multiply the Standard Policy Business Personal Property rating information shown in the State Rating Information section of this manual by the factor shown in the table for Rule 9.17.3.
- When the building is classified as Lessor's Risk or the building is rated under Rate Group 19, 20, or 29, multiply the Standard Policy Building rating information shown in the State Rating Information section of this manual by the factor shown in the table for Rule 9.17.3.

Factor Rating

- Use the factor shown in the table for Rule 9.17.3 to modify the rating information in Step 8 of the rating procedures set forth for Business Personal Property (Rule 7.7.4)
- When the building is classified as Lessor's Risk or the building is rated under Rate Group 19, 20, or 29, use the factor shown in the table for Rule 9.17.3 to modify the rating information in Step 9 of the rating procedures set forth for Buildings (Rule 7.7.3).

9.18 Liability Exclusion -- Designated Premises Or Operations

Liability coverage can be excluded for premises shown in the Schedule, including the necessary and incidental operations associated with that premises, and any products originating from that premises.

Liability coverage can also be excluded for an operation shown in the Schedule, including the products and completed work hazard that arise from that operation.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0720 and identify the excluded Premises and/or the excluded Operation in the endorsement Schedule or on the declarations.

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9.19 Limitation Of Coverage -- Designated Premises Or Project

Liability coverage can be limited to premises that are described in the Schedule, including operations that are necessary and incidental to the described premises, or to projects that are described in the Schedule.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0309 and identify the Designated Premises or Project in the endorsement Schedule or on the declarations.

9.20 Liquor Liability Amendments

9.20.1 Expanded Liquor Liability Exclusion

The liquor liability exclusion can be amended to apply when the named insured manufactures, sells, or distributes alcoholic beverages; furnishes or serves alcoholic beverages for a charge; or furnishes or serves alcoholic beverages without a charge, if the activity requires a license.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0742.

9.20.2 Expanded Liquor Liability Exclusion -- With Exception For Scheduled Activities

The liquor liability exclusion can be amended to apply when the named insured manufactures, sells, or distributes alcoholic beverages; furnishes or serves alcoholic beverages for a charge; or furnishes or serves alcoholic beverages without a charge if the activity requires a license. An exception to the exclusion applies to activities designated in the Schedule.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0743 and identify the Designated Activities to which the exclusion will not apply in the endorsement Schedule or on the declarations.

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9.21 Motor Vehicle And Mobile Equipment

9.21.1 Motor Vehicle Financial Responsibility Laws

Motor vehicle financial responsibility laws that require certain auto-related coverages and/or proof of financial responsibility to be provided for mobile equipment for which liability coverage is provided can be met by the addition of a special condition to the Commercial Liability Coverage section of the policy.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0641. Do not attach endorsement BP 0641 if endorsement BP 0833 has been added to the policy.

9.21.2 Auto And Mobile Equipment Amendments

The policy can be endorsed to indicate that a land motor vehicle subject to compulsory or financial responsibility laws or other motor vehicle insurance laws in the state where it is licensed or principally garaged is considered an auto, rather than mobile equipment.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0833.

9.22 Non-owned/Hired Automobiles

Non-owned auto liability coverage and/or hired auto liability coverage can be provided as an extension of Coverage L. The terms for both coverages are included within a single endorsement, but each coverage applies only if a corresponding limit is shown in the endorsement Schedule or on the declarations.

9.22.1 Non-owned Auto Liability Coverage/Hired Auto Liability Coverage

Non-owned auto liability provides coverage for bodily injury or property damage caused by an auto that the named insured does not own, lease, hire, or borrow, but which is used in connection with the named insured's business. Use of a non-owned auto by the named insured is not covered.

Hired auto liability provides coverage for bodily injury or property damage caused by an auto the named insured leases, hires, or borrows on an occasional basis. It does not include autos that the named insured leases, hires, or borrows from its employees or its partners or executive officers.

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Premium Determination -- To determine the additional premium, select from the Countrywide rating information shown in this manual, the Non-owned/Hired Automobile charge that corresponds to the Each Occurrence limit of insurance.

Endorsement -- Attach endorsement BP 0333 and indicate, in the endorsement Schedule or on the declarations, the premium charge that applies to each coverage being purchased.

9.22.2 Expanded Non-owned Auto Liability Coverage/Hired Auto Liability Coverage

When expanded non-owned auto liability coverage is provided, the named insured's use of a non-owned auto is also covered.

Premium Determination -- To determine the additional premium, select the Non-owned/Hired Automobile charge that corresponds to the Each Occurrence limit of insurance from the Countrywide rating information shown in this manual.

Endorsement -- Attach endorsement BP 0605 and indicate the premium charge that applies to each coverage being purchased in the endorsement Schedule or on the declarations.

9.23 Pollution Exclusion Options

9.23.1 Pollution Exclusion -- With Exception For A Short-Term Pollution Event

The pollution exclusion can be amended to provide limited coverage for bodily injury or property damage that arises out of a pollution event which ends within 48 hours of when it began.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0745.

9.23.2 Pollution Exclusion -- With Exception for Designated Pollutants

The pollution exclusion can be amended to provide limited coverage for bodily injury or property damage that arises out of the discharge, dispersal, seepage, release, escape, or migration of a specific pollutant described in the endorsement Schedule or on the declarations.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0746 and describe the exempted pollutant in the endorsement Schedule or on the declarations.

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9.23.3 Total Pollution Exclusion

The pollution exclusion can be expanded to exclude coverage for all bodily injury and property damage liability that results from pollutants. All clean up costs are also excluded.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0748.

9.23.4 Total Pollution Exclusion -- With Exceptions For Heating Equipment And Hostile Fire

The pollution exclusion can be expanded to exclude coverage for all bodily injury and property damage liability and clean up costs that result from pollutants except for bodily injury or property damage arising out of the heat, smoke, or fumes of a hostile fire and fumes or vapor from building heating equipment.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0749.

9.23.5 Limited Pollution Liability Extension

The pollution exclusion can be amended to provide limited pollution coverage. Coverage is subject to a separate Aggregate Limit.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0751 and indicate the applicable Aggregate Limit in the endorsement Schedule or on the declarations.

9.24 Professional Liability

9.24.1 Cosmetologists' Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from the professional services provided by a cosmetologist.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0721.

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9.24.2 Funeral Directors' Professional Liability Coverage

Coverage L can be extended to apply to bodily injury, including mental anguish, and property damage arising from the professional services provided by a funeral director.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0741.

9.24.3 Optical And Hearing Aid Establishments

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from professional services provided in connection with an optical or hearing aid establishment.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0719.

9.24.4 Pharmacists' Professional Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from the professional services provided by a pharmacist.

Premium Determination -- To determine the additional premium, multiply the pharmacy's annual gross receipts, in thousands, by the loss costs shown in the Countrywide Rating Information section of this manual. (Gross receipts means total amounts collected from customers for prescriptions, drugs, medical equipment or devices, health care products, and pharmacy professional services.)

Endorsement -- Attach endorsement BP 0718.

9.24.5 Printers' Errors And Omissions Liability

Coverages L and P can be extended to apply to negligent acts, errors, or omissions arising from the printing services provided by the insured.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0733.

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9.24.6 Veterinarians' Professional Liability

Coverage L can be extended to apply to acts, errors, or omissions arising from the professional veterinary services provided in connection with the insured's veterinary practice.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0732.

9.25 Punitive Damages Exclusion

Punitive, exemplary, and vindictive damages can be excluded from the liability coverage provided under a Businessowners policy.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0722.

9.26 Silica Exclusion

The liability section of the Businessowners policies may be endorsed to exclude injury or damage that arises out of silica or silica dust.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0838.

9.27 Telephone Consumer Protection Act of 1991, CAN-SPAM Act of 2003, And Other Information Distribution Violations Exclusion

The liability section of the Businessowners policies may be endorsed to exclude injury or damage that arises out of violations of the Telephone Consumer Protection Act of 1991 (TCPA), the CAN-SPAM Act of 2003, and other federal, state, or local laws that prohibit the communication, transmitting, sending or distribution of material or information.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0840.

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RULE 10 -- INDIVIDUAL RISK PREMIUM MODIFICATIONS

The following modifications can be applied to recognize special characteristics of the risk that are not fully reflected in the rating information.

The sum of credits or debits developed using the following table cannot exceed 25%.

Convert the total credit or debit developed under this rule to a factor and apply to the total policy premium after all other rating procedures have been completed.

<u>RISK VARIATIONS</u>		RANGE OF MODIFICATIONS		
		<u>CREDIT</u>		<u>DEBIT</u>
(1)	Care and condition of equipment and premises	-10%	to	+10%
(2)	Classification variations	-10%	to	+10%
(3)	Cooperation of owners or operators with recommendations with respect to structural features, segregation, and control of hazards and maintenance of protective equipment	-10%	to	+10%
(4)	Damage and susceptibility	-10%	to	+10%
(5)	Dispersion or concentration	- 5%	to	+ 5%
(6)	Employees: selection, training, supervision, experience	- 5%	to	+ 5%
(7)	Location: accessibility, congestion, and exposures	-10%	to	+10%
(8)	Miscellaneous protective features or hazards	-10%	to	+10%
(9)	Protective devices not otherwise reflected in rates	-10%	to	+10%
(10)	Storage practices and hazardous operations	-10%	to	+10%
(11)	Superior or inferior structural features	-10%	to	+10%
(12)	Past losses relative to number of exposure units and subsequent preventive measures	-10%	to	+10%

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- APARTMENTS -----						
Apartments		20	1	m	3	--
<u>Single Occupancy:</u>						
•Up to 10 units	Bldg. 10000					
	Cont. 10000					
•11-30 units	Bldg. 10002					
	Cont. 10002					
•Over 30 units	Bldg. 10004					
	Cont. 10004					
<u>Multiple Occupancies:</u>						
• Up to 10 units	Bldg. 10010					
Apt., Office, Service (Rate Groups 2-6)	Cont. 10010					
Other	Cont. 10012					
• 11-30 units	Bldg. 10014					
Apt., Office, Service (Rate Groups 2-6)	Cont. 10014					
Other	Cont. 10016					
• Over 30 units	Bldg. 10018					
Apt., Office, Service (Rate Groups 2-6)	Cont. 10018					
Other	Cont. 10020					
----- CONDOMINIUMS -----						
Condominiums						
• Apartment	10101	19	1	m	3	--
• Office	10102	19	1	m	3	--
----- DWELLINGS -----						
• One- to Four-Family Rental Dwellings	10006	20	1	m	3	--

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Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- OFFICES -----						
Offices		1	1	m	3	--
• Offices occupied exclusively by employees of the insured	Bldg. 20000 Cont. 20000					
• Offices - other	Bldg. 20002					
• Offices - Apt., Service (Rate Groups 2-6)	Cont. 20000					
• Offices - Mercantile or Service Occupancy (Rate Groups 7-10)	Cont. 20002					
----- RESTAURANTS -----						
• Restaurants	50000	21	7	m	2	--
----- RETAIL STORES -----						
• Air Conditioning Supplies (no service)	30201	15	3	m	3	H
• Antiques	30002	15	2	h	1	--
• Appliance Sales - not TV, VCR, etc.	30004	15	4	m	3	H
• Appliance Sales - TV, VCR, etc.	30006	11	10	h	2	H
• Art Galleries	30008	15	1	h	1	--
• Art Supplies	30010	15	2	h	1	--
• Athletic Equip. & Sporting Goods	30012	16	9	h	2	--
• Auto Parts & Accessories	30014	15	3	h	3	--
• Bakeries (no restaurant)	30016	15	1	m	2	--
• Barber & Beauty Supplies	30202	15	2	h	3	--
• Bath Accessories	30203	15	1	m	3	--
• Beverages (no liquor)	30018	15	1	l	2	--
• Bicycle Sales	30020	15	1	m	3	--

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				L
		Prop	SP	SL	EQ	
----- RETAIL STORES (Cont.) -----						
• Boat Sales	30022	14	2	m	3	--
• Bone, Horn, Ivory Products	30023	15	6	m	1	--
• Bookbinding and Printing Supplies	99024	11	2	h	3	--
• Books and Magazines	30024	15	4	h	3	--
• Building Materials	30026	15	4	h	4	H
• Cameras	30028	15	5	h	2	--
• Candy (no cooking)	30030	15	1	h	2	--
• Carpets & Rugs	30032	11	4	m	4	M
• Catalog or Coupon Redemption	99026	15	4	h	3	--
• China, Glassware & Pottery	30034	15	3	l	1	--
• Clocks	30204	15	2	h	1	--
• Clothing - children & infants	30036	15	6	h	3	--
• Clothing - other than children	30038	15	10	h	3	--
• Coffee	30205	15	1	m	2	--
• Coins or Stamps	30040	15	7	h	3	--
• Computer & Software	30042	15	4	h	2	H
• Confectionery (no cooking)	30030	15	1	h	2	--
• Contractors Equipment	30043	14	4	l	4	--
• Convenience -- Food Sales -- No Gasoline Sales	30044	15	5	m	2	--
• Convenience -- Food & Gasoline Sales	30045	17	5	m	2	--
• Cosmetics, Perfume	30046	15	1	h	3	--
• Curtains and Draperies	99078	15	4	h	3	M
• Dairy Products	30048	15	2	m	2	--
• Delicatessens (no cooking)	30050	15	3	m	3	--
• Department	30052	17	3	m	3	--
• Discount	30054	15	6	h	2	--
• Drug	30056	15	6	m	1	--
• Dry Goods	30058	15	4	h	3	--

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- RETAIL STORES (Cont.) -----						
• Farm Machinery and Equipment	30061	15	1	l	4	--
• Fabrics	30060	15	4	h	3	--
• Feed, Grain, Hay	30062	15	1	h	3	--
• Fence	30063	14	3	l	3	H
• Fertilizer	30065	14	2	h	4	--
• Fire Protection	30069	14	3	l	3	H
• Five & Ten Cent	30064	17	4	h	2	--
• Floor Coverings - no rugs or carpets	30066	11	1	m	3	M
• Florists	30068	15	1	m	1	--
• Fruit or Vegetable	30070	17	1	m	2	--
• Furniture	30072	12	4	h	2	--
• Fur	30074	15	8	h	2	--
• Garden or Lawn Supplies	30076	15	1	h	4	--
• General Stores	30078	15	4	h	2	--
• Gift	30080	15	2	h	1	--
• Glassware, China, Pottery	30034	15	3	h	1	--
• Greeting Cards & Stationery	30082	15	4	h	3	--
• Grocery - less than 3,000 sq. ft.	30084	17	5	m	2	--
• Grocery - other	30086	18	6	m	2	--
• Hardware	30088	14	4	h	2	--
• Health Food	30090	15	5	m	2	--
• Hearing Aid	99032	15	2	h	2	--
• Hobby or Craft	30092	15	2	h	1	--
• Home Improvement	99034	15	4	h	2	H
• Ice Cream or Milk (no cooking)	30048	15	2	m	2	--
• Jewelry - imitation or novelty	30094	14	7	h	2	--
• Jewelry - not imitation or novelty	30096	14	10	h	2	--
• Junk	30097	14	2	h	3	--
• Kitchen Accessories	30206	15	3	m	2	--
• Lamps & Lighting Fixtures	30098	15	6	m	2	M
• Leather Products - not shoes	30100	11	2	h	3	--
• Liquor	30102	15	6	m	1	--

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- RETAIL STORES (Cont.) -----						
• Mail Box or Packaging	30103	14	2	h	3	--
• Mail Order	99042	14	6	h	3	--
• Marble Products	30107	14	2	l	4	--
• Meat, Seafood or Poultry	30104	15	3	m	2	--
• Medical and Surgical Supplies	30105	14	4	h	3	--
• Men's Clothing	30106	15	10	h	3	--
• Metal Products	30212	14	8	m	3	--
• Millinery	30108	15	6	h	3	--
• Musical Instruments	30110	15	4	h	2	--
• News Stands	99050	15	4	h	3	--
• Notions	30207	15	4	h	3	--
• Office Machines or Appliances	30113	14	4	h	3	L
• Office Supplies & Furniture	30112	15	4	h	3	--
• Optical Goods	30116	15	2	h	1	--
• Paint	30118	15	1	h	3	M
• Paper or Rag Products	30117	14	1	h	4	--
• Pawn	30119	15	8	h	2	--
• Pet	30120	15	*	m	2	--
• Photographic Equipment	30028	15	5	h	2	--
• Picture Framing	30208	15	2	h	2	--
• Plumbing Fixtures & Supplies (no installation)	99058	15	3	l	3	H
• Powered Equipment	30123	14	4	m	2	--
• Radio or TV Sales	30122	15	10	h	2	--
• Record or Tape Sales	30124	15	2	h	2	--
• Refreshment Stands (no cooking)	30126	15	7	m	2	--
• Religious Goods	30128	15	2	h	2	--
• Retail - NOC	30130	15	**	m	2	--
• Rug or Carpet	30032	11	4	m	4	--

* Use BP 0100 only.

** More specific classification needed for Rate Group assignment

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- RETAIL STORES (Cont.) -----						
• Salvage Goods	30134	15	2	h	2	--
• Scientific Tools and Instruments	30135	14	2	h	1	--
• Seed	30137	14	2	h	4	--
• Sewing Machines	99084	15	4	h	3	--
• Shoe	30136	11	4	m	3	--
• Souvenir	30138	15	2	h	1	--
• Sporting Goods & Athletic Equip.	30012	16	9	h	2	--
• Stationery or Paper Products	30139	15	4	h	3	--
• Straw Products	30141	15	4	h	3	--
• Supermarkets - less than 3,000 sq. ft.	30084	17	5	m	2	--
• Supermarkets - other	30086	18	6	m	2	--
• Swimming Pools	30142	14	2	m	3	--
• Tire	30143	15	3	l	4	--
• Tobacco	30144	15	6	h	2	--
• Toys	30146	15	1	h	2	--
• Trophy	30209	15	2	h	2	--
• Vacuum Cleaners	30210	15	4	m	3	--
• Variety	30148	15	3	h	3	--
• Wallpaper	30150	15	1	h	3	M
• Wigs	30211	15	3	h	3	--
• Women's Clothing	30152	15	10	h	3	--
• Wood Products	30154	12	3	h	3	M
----- SERVICE -----						
• Appliance - service, repair	40004	7	6	h	3	H
• Art Studios	40006	3	1	h	2	--
• Auctions - on premises	99020	10	4	h	2	--
• Barber	40008	4	1	h	3	--
• Beauty Parlors	40010	5	1	h	3	--
• Bicycle Repair	40012	9	1	m	3	--
• Camera Repair	40102	7	6	h	2	--
• Copy & Duplicating	40014	2	1	h	3	--

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- SERVICE (Cont.) -----						
• Dental Laboratories	40016	2	1	h	2	--
• Dressmakers	40018	9	6	h	3	L
• Dry Cleaners - receiving	40020	8	6	h	3	--
• Engravers	40022	10	1	h	3	--
• Funeral Homes	40024	6	1	m	1	--
• Laundries - receiving	40026	8	2	m	2	--
• Lithographers	40028	10	1	h	3	--
• Locksmiths	40030	9	4	m	3	L
• Mailing & Addressing	40032	2	1	h	1	--
• Musical Instrument Repair	40103	7	6	h	2	L
• Nail Salons	40101	5	1	h	3	--
• Photo Finishing Laboratories	99054	10	2	h	2	--
• Photographer Studios	40036	6	1	h	2	L
• Printers	40038	10	2	h	3	--
• Shoe Repair	40040	9	4	m	3	--
• Tailors	40042	9	6	h	3	--
• Taxidermists	40046	10	2	h	3	--
• Telephone Answering Service	40104	2	1	m	3	--
• Television or Radio - service	40044	7	6	h	2	--
• Tuxedo Rental	40105	9	6	h	3	--
• Video Tape Rental	40047	9	5	h	2	--
• Watch, Clock, Jewelry Repair	40048	8	5	h	2	--
• Word Processing Service	40106	2	1	m	3	--

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- WAREHOUSES -----						
• Warehouses -- Private	99201	28	4	h	3	--
• Warehouses -- Self-storage lessor's risk only	99071	29	4	h	3	--
• Warehouses -- Other	99203	28	4	h	3	--
----- WHOLESALE -----						
• Appliances - Household -other than DVD, Radio, Stereo, TV,VCR, etc	70020	23	6	h	3	--
• Appliances - Household -DVD, Radio, Stereo, TV, VCR, etc.	70010	23	10	h	2	--
• Automobile Parts and Supplies	70030	23	4	h	3	--
• Baked Goods - No Baking on premises	70040	27	1	h	2	--
• Barber and Beauty Supplies	70050	24	4	h	2	--
• Bookbinding and Printing Supplies	70060	24	1	h	3	--
• Clothing	70070	26	10	h	3	--
• Coins and Stamps	70080	24	7	h	3	--
• Drug	70090	25	6	m	2	--
• Fabric	70100	26	4	h	3	--
• Floor Covering	70110	24	1	m	3	--
• Florists	70120	26	1	h	1	--
• Fruits and Vegetables	70130	27	1	m	3	--

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CLASSIFICATION TABLE

Classification	Stat Code	----- Rate Groups -----				
		Prop	SP	SL	EQ	L
----- WHOLESALE (Cont.) -----						
• Gardening and Light Farming Supplies	70140	23	1	m	3	--
• Grocery	70150	27	5	m	2	--
• Hardware and Tool	70160	23	4	m	2	--
• Hearing Aid	70170	24	2	h	2	--
• Heating or Combined Heating and Air Conditioning Systems or Equipment	70180	23	2	m	3	--
• Hobby, Model Maker, or Artist's Supplies	70190	24	2	h	1	--
• Janitors Supplies	70200	24	1	m	3	--
• Jewelry	70210	22	10	h	3	--
• Meat, Fish, Poultry, or Seafood	70220	27	3	m	2	--
• Office Machines or Appliances	70230	24	4	h	3	--
• Optical Goods	70240	24	2	h	1	--
• Plumbing Supplies and Fixtures	70250	23	3	l	3	--
• Refrigeration Equipment	70260	23	3	m	3	--
• Stationery or Paper Products	70270	24	1	h	3	--
• Tobacco	70280	24	6	h	3	--
• Toy	70290	24	1	h	2	--

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 LOSS COST RATING INFORMATION

RULE

7 Premium Development

7.7.6 Additional Premium - Off-Premises Operations
 (per \$1,000 of payroll)

LIABILITY

RATE GROUP*	Limit (Includes \$5,000 Med Pay)			
	\$300,000	\$500,000	\$1,000,000	\$2,000,000
L	\$ 2.43	\$ 2.76	\$ 3.24	\$ 3.83
M	9.37	10.55	12.19	14.10
H	22.81	25.95	30.28	34.75

*Shown in Column L of Classification Table

Charge
 (per swimming pool)

7.7.7 Additional Premium - Swimming Pools \$400.00

8 Property Coverage Options

8.2 Computer Coverage

Rating Information
 (per \$1,000 of coverage)

Building Construction Type

-- Fire Resistive and Masonry Non-combustible	\$2.28
-- Non-combustible and Joisted Masonry	2.85
-- Frame	3.42

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 LOSS COST RATING INFORMATION

RULE

8 Property Coverage Options (cont'd.)

Rating Information
 (per \$1,000 of insurance)

8.7 Back-up of Sewers and Drains

\$5.56

Rating Information
 (per \$1,000 of insurance)

8.9 Computer Virus and Hacking

Property Damage

\$0.72

Income Coverage

0.55

8.10 Condominium Loss Assessment

Rating Information

Limit	\$1,000	\$5,000	\$10,000	Each Add'l \$5,000
BP 0100	\$2.22	\$3.89	\$5.01	\$0.42
BP 0200	3.34	5.56	6.67	0.83

8.13 Employee Dishonesty

Limit

Rating Information	\$5,000	\$10,000	\$25,000	\$50,000
Single Location				
-- Up to 5 employees	\$45.63	\$61.03	\$93.54	\$135.18
-- Each addl employee	4.56	6.28	9.70	13.69
Each Addl Location	5.82	8.73	11.64	17.46

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RULE

8 Property Coverage Options (cont'd.)

8.14 Equipment Breakdown Coverage

100% Rating Value	Loss Cost	100% Rating Value	Loss Cost
Up to \$ 50,000	\$ 110	\$2,500,000	\$ 322
100,000	133	2,750,000	330
150,000	148	3,000,000	338
200,000	161	3,250,000	346
250,000	171	3,500,000	353
300,000	179	3,750,000	359
350,000	187	4,000,000	366
400,000	194	4,250,000	372
450,000	201	4,500,000	378
500,000	207	4,750,000	384
550,000	212	5,000,000	389
600,000	217	5,500,000	399
650,000	222	6,000,000	409
700,000	227	6,500,000	418
750,000	231	7,000,000	427
800,000	235	7,500,000	435
850,000	239	8,000,000	443
900,000	243	8,500,000	450
950,000	246	9,000,000	457
1,000,000	250	9,500,000	464
1,100,000	257	10,000,000	471
1,200,000	263	11,000,000	483
1,300,000	269	12,000,000	495
1,400,000	274	13,000,000	506
1,500,000	279	14,000,000	516
1,600,000	284	15,000,000	526
1,700,000	289	16,000,000	536
1,800,000	294	17,000,000	545
1,900,000	298	18,000,000	553
2,000,000	302	19,000,000	562
2,250,000	312	20,000,000	570

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8 Property Coverage Options (cont'd.)

8.16 Forgery Coverage

	Limit			
Rating Information	\$5,000	\$10,000	\$25,000	\$50,000
Single Location				
--Up To 5 Employees	\$9.12	\$15.28	\$28.29	\$44.94
--Each Addl Employee	1.82	2.51	3.88	5.48
Each Addl Location	2.33	3.49	4.66	6.98

8.17 Installation Floater Coverage

Job Site Limit	Catastrophe Limit (all job sites and storage locations)	Charge
\$5,000	\$15,000	\$65
10,000	30,000	119
15,000	45,000	171
20,000	60,000	200
25,000	75,000	224
30,000	90,000	257
35,000	105,000	299
40,000	120,000	342
45,000	135,000	385
50,000	150,000	428

Rating Information
 (Per \$1,000 of Insurance)

8.17.2 Testing Coverage \$ 3.00

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8 Property Coverage Options (cont'd.)

8.18 Installation Tools And Equipment

		Rating Information
		(Per \$1,000 of Insurance)
Limit		
\$ 0 - 5,000		\$18.00
5,001 - 10,000		14.00
10,001 - 25,000		13.00
Each Addl \$1,000 of Insurance		11.00

8.19 Limited Fungus and Related Perils Coverage - Changes

		Rating Information
		(per \$1,000 of insurance)
8.19.1 Increased Limit		\$0.90

		Charge
		(per bldg or per location)
8.19.2 Per Bldg or Location Aggregate Limit		\$10.00

		Charge
		(per location)
8.24 Property Additional Coverage Endorsement (PACE)		\$66.00

		Charge
		(per \$1,000 of insurance)
8.26 Spoilage		
Power Disruption Only		\$5.01
Breakdown and Contamination Only		
- With service agreement		\$8.89
- Without service agreement		12.78
Power Disruption, Breakdown, and Contamination		
- With service agreement		\$12.23
- Without service agreement		15.56

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8 Property Coverage Options (cont'd.)

8.28 Utility Interruption Coverage

Rating Information
 (per \$1,000 of insurance)

	BP 0100/BP 0200 Bldg & Bus Pers Prop	BP 0200 Special Bldg	BP 0200 Special Pers Prop	BP 0100/BP 0200 Earthquake Bldg & Bus Pers Prop
<u>Utility</u>				
Power, Electricity, Steam, or Gas Supply	\$ 0.33	\$ 0.06	\$ 0.22	\$ 0.11
Overhead Transmission Lines	0.25	0.06	0.22	0.33
Communication Supply	0.33	0.06	0.22	0.11
Overhead Transmission Lines	0.27	0.06	0.22	0.33
Water Supply	0.25	0.06	0.22	0.11

Rating Information
 (per \$1,000 of insurance)

	BP 0100 Time Element	BP 0200 Time Element	Earthquake Time Element
<u>Utility</u>			
Power, Electricity, Steam, or Gas Supply	\$ 0.34	\$ 0.48	\$ 0.29
Overhead Transmission Lines	0.26	0.83	0.57

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8 Property Coverage Options (cont'd.)

8.28 Utility Interruption Coverage (Cont'd.)

Rating Information

(per \$1,000 of insurance)

<u>Utility</u>	BP 0100 Time Element	BP 0200 Time Element	Earthquake Time Element
Communication Supply	\$ 0.34	\$ 0.60	\$ 0.57
Overhead Transmission Lines	0.28	0.85	0.57
Water Supply	0.26	0.43	0.29

9 LIABILITY COVERAGE OPTIONS

Charge

9.1.7 Lessor of Leased Equipment (per add'l insured, per location)

Apartment or Office Risks	\$ 5.00
All Other Risks	15.00

9.1.8 Lessor of Premises

Apartment or Office Risks	\$ 5.00
All Other Risks	15.00

9.12.1 Employee Benefits Liability Coverage

Limits <u>Each Claim/Aggregate</u>	Charge (per policy)
\$25,000/\$25,000	\$ 93.00
\$50,000/\$50,000	111.00
\$100,000/\$100,000	136.00
\$300,000/\$300,000	173.00
\$500,000/\$500,000	195.00
\$1,000,000/\$1,000,000	214.00

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9 LIABILITY COVERAGE OPTIONS (Cont'd.)

9.22.1 Non-owned/Hired Automobile Liability Coverage
 and

	Charge			
Limit	\$300,000	\$500,000	\$1,000,000	\$2,000,000
Hired Auto Liability	\$15.00	\$17.00	\$20.00	\$21.00
Non-owned Auto Liability	30.00	35.00	40.00	42.00

9.24.4 Pharmacists' Professional Liability Coverage

Limit	Charge (per \$1,000 of gross receipts)
\$300,000	\$ 0.59
500,000	0.68
1,000,000	0.76
2,000,000	0.90

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MANUAL REVISION PAGES -- ILLINOIS

This Revision Will Not Be Sent To Companies On An Automatic Basis

Companies must specifically request this manual revision from AAIS using the appropriate order form.

State	<u>Illinois</u>
Line	<u>Businessowners Program</u>
Manual Revision Number	<u>03 11</u>

Summary of Changes - The filing numbers shown for each manual revision apply only to the rules and/or rating information described in the summary for that revision. However, in order to incorporate the new or revised information that was the subject of the filing, other manual pages may also reflect the revision date used to identify the pages that bear the new or revised information.

Revision 06 09 -- AAIS Filing Number: None. AAIS no longer files rules or rating information or establishes effective dates in this state. Countrywide Rules Manual and Illinois Manual Pages revised.

Revision 12 09 -- AAIS Filing Number: None. AAIS no longer files rules or rating information or establishes effective dates in this state. New optional communicable disease rules added.

Revision 02 10 -- AAIS Filing Number: None. Effective date: 08/01/10. Rules 9.27 Telephone Consumer Protection Act of 1991 and CAN-SPAM Act of 2003 Exclusion, deleted.

Revision 02 11 -- AAIS Filing Number: None. AAIS no longer files rules or rating information or establishes effective dates in this state. Rule 3.16, Civil Unions Amendment, is added.

Revision 03 11 -- AAIS Filing Number: None. AAIS does not file rules or rating information or establish effective dates in this state. New optional Rule 9.23.6, Pollution Exclusion Amendment, is added.

Earthquake Supplement Rev 03 06 -- AAIS Filing Number: None. AAIS no longer files rules or rating information or establishes effective dates in this state. New Earthquake zones are introduced and assigned by ZIP codes.

Terrorism Supplement Rev 01 08 -- AAIS Filing Number: None. AAIS no longer files rules or rating information or establishes effective dates in this state. Terrorism rules and loss cost rating information revised.

COUNTRYWIDE RULES MANUAL

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Terrorism Loss Cost Rating Information 1 -- 2	Rev 01 08

SPECIAL INSTRUCTIONS

None

COMPANY ACTION

The following describes the company action needed to adopt the rules and rating information in this manual. Also refer to the AAIS *Compliance Guide* for additional filing information. For information about the company action required to adopt the forms and endorsements used with this program, refer to the AAIS bulletins issued to announce their approval/availability.

Manual Rules and Supplemental Rating Information

Once properly affiliated for manual rules for this line of insurance, companies:

- can adopt AAIS rules by establishing an effective date and submitting a completed Form RF-3 to the Illinois Division of Insurance (ILDI) within 10 days of their chosen effective date.

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MANUAL REVISION PAGES -- ILLINOIS

Loss Cost Rating Information

Once properly affiliated for loss cost rating information for this line of insurance companies,

- can adopt AAIS loss cost rating information filing by establishing an effective date and submitting a completed Form RF-3 to the Illinois Division of Insurance (ILDI) within 10 days of their chosen effective date.

Companies are advised to make an internal (drawer) filing to document what AAIS materials are used and their effective date.

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RULES EXCEPTIONS

3.8 Mortgagees And Loss Payees

3.8.2 Loss Payable -- Option 1

The first paragraph is replaced by the following:

This option can be used if another party has an interest in the insured's real property and that interest can be established by a written contract or other documentary evidence. This option requires the insurer to pay claims jointly to the insured and the loss payee, as their interests may appear. This option does not offer the loss payee any protection if the actions of the insured affect the coverage.

3.8.4 Contract Of Sale -- Option 3

The first paragraph is replaced by the following:

This option is used when the insured is engaged in the process of buying or selling property, and both the buyer and the seller have insurable interests in the property. This option requires the insurer to pay losses jointly to the insured and the loss payee, as their interests appear. This option does not give the loss payee any protection against actions of the insured that could void coverage.

3.10 Condominium Associations

The first paragraph is replaced by the following:

When the policy is issued to cover the interests of a condominium association, the policy terms must be amended accordingly.

The Condominium Property Act (Act 605) requires new and renewal policies for residential condominium associations to include the following:

- Property insurance that covers the full replacement cost, including any Increased Costs of Construction due to building code requirements, of the insured property. Insured property includes the common elements, the limited common elements (except as otherwise determined by the board of managers), and the bare walls, floors, and ceilings of the condominium units.

Common elements include fixtures initially installed by the developer that are located within the unfinished interior surfaces of the perimeter walls, floors, and ceilings of the individual units.

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Improvements and betterments that were installed in the units by unit owners do not have to be covered under the condominium association's property insurance.

- Property insurance under a 'special perils' cause of loss form. Special perils cause of loss forms provide coverage for direct physical losses that are not specifically limited or excluded.
- General liability insurance, in an amount not less than \$1,000,000, to cover claims arising out of the ownership, existence, management, or use of the condominium property.

The board, the association, the management agent, the respective employees and agents of the aforementioned parties, and all persons acting as agents must be shown as 'insureds' under the General Liability policy. In addition, the developer must be named as an additional insured, but only for liability arising out of his or her capacity as unit owner, manager, board member, or officer. Each individual unit owner must also be named as an additional insured, but only for liability arising out of his or her ownership, existence, management, or use of the common elements.

The General Liability insurance must cover claims of one or more insured parties against other insured parties.

- Fidelity bond coverage in the full amount of association funds and reserves for all persons, including managing agents and their employees, who control and disburse funds of the association.
- Directors and Officers liability coverage for board members, in an amount established by either the association's declaration or bylaws or otherwise deemed reasonable by the board.
- Certificates of insurance naming the association, its board of directors, and its managing agent as additional insureds if the charge for a contractor, or vendor other than a public utility, to carry out its contractual obligations exceeds a cost of \$10,000 per year.

The above requirements may be waived by condominium communities in which all units are restricted to nonresidential use.

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8.12 Earthquake

8.12.3 Earthquake Premium Modifications

Tables D and E are replaced by the following:

	Factor
Building Height	(All Classes)
4 - 7 Stories	1.15
Over 7 Stories	1.20

Table D for Rule 8.12.3

	Factor
Year of Construction	(All Classes)
1940 - 1999	1.24
Prior to 1940	1.43

Table E for Rule 8.12.3

9.13 Employment Practices Liability (Coverage F)

9.13.1 Coverage Description

The **Endorsement** instructions are replaced by the following:

Endorsement -- Attach endorsement BP 0637.

9.22 Non-owned/Hired Automobiles

This rule does not apply.

9.24 Professional Liability

9.24.1 Cosmetologists' Liability Coverage

The following provisions are added:

The Cosmetologists' Liability Coverage endorsement sets forth the limits described below. The applicable limits must be shown on the endorsement schedule.

- **Each Occurrence Limit** -- The Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered under the Cosmetologists' Liability Coverage.
- **Aggregate Limit** -- The Aggregate Limit for Cosmetologists' Liability Coverage is the most that will be paid for each annual policy period for damages arising out of claims covered under the Cosmetologists' Liability Coverage.

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9.24.2 Funeral Directors' Professional Liability Coverage

The following provisions are added:

The Funeral Directors' Professional Liability Coverage endorsement sets forth the limits described below. The applicable limits must be shown on the endorsement schedule.

- **Each Occurrence Limit** -- The Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered under the Funeral Directors' Professional Liability Coverage.
- **Aggregate Limit** -- The Aggregate Limit for Funeral Directors' Professional Liability Coverage is the most that will be paid for each annual policy period for damages arising out of claims covered under the Funeral Directors' Professional Liability Coverage.

9.24.3 Optical And Hearing Aid Establishments

The following provisions are added:

The Optical and Hearing Aid Establishments Coverage endorsement sets forth the limits described below. The applicable limits must be shown on the endorsement schedule.

- **Each Occurrence Limit** -- The Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered under the Optical and Hearing Aid Establishments Coverage.
- **Aggregate Limit** -- The Aggregate Limit for Optical and Hearing Aid Establishments Liability Coverage is the most that will be paid for each annual policy period for damages arising out of claims covered under the Optical and Hearing Aid Establishments Coverage.

9.24.4 Pharmacists' Professional Liability Coverage

The following provisions are added:

The Pharmacists' Professional Liability Coverage endorsement sets forth the limits described below. The applicable limits must be shown on the endorsement schedule.

- **Each Occurrence Limit** -- The Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered under the Pharmacists' Professional Liability Coverage.

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- **Aggregate Limit** -- The Aggregate Limit for Pharmacists' Professional Liability Coverage is the most that will be paid for each annual policy period for damages arising out of claims covered under the Pharmacists' Professional Liability Coverage. The rating information shown in this manual reflects a Pharmacists' Professional Liability Aggregate Limit equal to two times the Pharmacists' Professional Liability Each Occurrence Limit.

9.24.5 Printers' Errors And Omissions Liability

The following provisions are added:

The Printers' Errors and Omissions Liability Coverage endorsement sets forth the limits described below. The applicable limits must be shown on the endorsement schedule.

- **Each Occurrence Limit** -- The Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered under the Printers' Errors and Omissions Liability Coverage.
- **Aggregate Limit** -- The Aggregate Limit for Printers' Errors and Omissions Liability Coverage is the most that will be paid for each annual policy period for damages arising out of claims covered under the Printers' Errors and Omissions Liability Coverage.

9.24.6 Veterinarians' Professional Liability

The following provisions are added:

The Veterinarians' Professional Liability Coverage endorsement sets forth the limits described below. The applicable limits must be shown on the endorsement schedule.

- **Each Occurrence Limit** -- The Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered under the Veterinarians' Professional Liability Coverage.
- **Aggregate Limit** -- The Aggregate Limit for Veterinarians' Professional Liability Coverage is the most that will be paid for each annual policy period for damages arising out of claims covered under the Veterinarians' Professional Liability Coverage.

9.27 Telephone Consumer Protection Act of 1991, CAN-SPAM Act of 2003, And Other Information Distribution Violations Exclusion

This rule does not apply.

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ADDITIONAL RULES

The following rules are added:

3.15 Conditional Rules

3.15.1 Mine Subsidence

The Illinois Mine Subsidence Insurance Fund has designated 34 Illinois counties as having a significant mine subsidence exposure. On policies that insure property located in these 34 counties, companies are required to add mine subsidence coverage for residential buildings and commercial buildings.

Premium Determination -- Refer to the Illinois Mine Subsidence Insurance Fund for a list of counties where mine subsidence coverage is required, for further information regarding rating of the mine subsidence exposure, and for an insured's options with respect to the waiving of mine subsidence coverage.

Endorsement -- Attach endorsement CL 0330 for commercial buildings. Attach endorsement CL 0331 for residential buildings (one to four family dwellings, whether owner-occupied or not owner-occupied).

3.15.2 Nonconforming Home Repair And Remodeling Liability Coverage

Subject to the requirements of the Illinois Home Repair and Remodeling Act, § 815 ILCS 513, Section 25, any person engaged in the business of home repair and remodeling shall obtain and maintain in full force and effect during the operation of the business bodily injury and property damage insurance in the amount of \$10,000 per occurrence for home repair or remodeling not in conformance with applicable State, county, or municipal codes. This does not apply to a person with a net worth of not less than \$1,000,000 as determined on the basis of the person's most recent financial statement, prepared within 13 months.

Coverage is available for home repair and remodeling to a residence that does not conform to the applicable state, county, or municipal building codes that were in effect at the time of the home repair or remodeling. A residence is defined as a single-family home or dwelling; or a multi-family home or dwelling containing six or fewer apartments, condominiums, town houses, or dwelling units; used or intended to be used by occupants as dwelling places. The Act does not apply to the original construction of single-family or multi-family residences or to the repairs to dwellings containing more than six apartments or family units. Coverage is available in the amount of \$10,000 at any one residence in excess of a \$500 deductible. Refer to company for optional higher limits and/or deductible.

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Premium Determination -- Use the rating information shown in the State Rating Information section of this manual to determine the additional premium charge. Refer to company for any optional higher limit or deductible, and the corresponding rating information.

Endorsement -- Attach endorsement BP 0855. Show any optional higher limit and/or deductible in the endorsement schedule.

3.16 Civil Unions Amendment

A policy can be endorsed to extend coverage to a person who is a part of a civil union couple and the families of such civil union couple.

Endorsement -- Attach endorsement CL 0678.

9.23 Pollution Exclusion Options

9.23.6 Pollution Exclusion Amendment

The pollution exclusion can be amended to provide an exception for equipment used to heat, cool, or dehumidify a building, or used to heat water for the occupant of the building.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0865.

9.28 Communicable Disease Exclusion

9.28.1 Exclusion -- Communicable Disease

Coverage can be excluded for injury and damage arising out of the transmission of a communicable disease.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0858.

9.28.2 Exclusion -- Communicable Disease -- Limited Products Excepted

Coverage can be excluded for injury and damage arising out of the transmission of a communicable disease. However, there is a limited products exception for products intended for human or animal consumption or topical use.

Premium Determination -- Refer to company for any applicable rating information.

Endorsement -- Attach endorsement BP 0859.

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TERRITORIAL DEFINITIONS

<u>Territory</u>	<u>Territory No.</u>
Entire State, except as shown	010

City and County Exceptions

Adams -- Only the following City

Quincy	050
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Champaign -- Only the following Cities

Champaign	100
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Rantoul	050
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Urbana	050
--------	-----

Coles -- Only the following Cities

Charleston	050
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Mattoon	050
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Cook except the following Cities	040
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Argo	030
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Arlington Heights	060
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Bedford Park	030
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Bellwood	060
----------	-----

Berwyn	060
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Blue Island	070
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City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
Cook except the following Cities (Cont'd)	040
Bridgeview	060
Broadview	110
Brookfield	060
Buffalo Grove	060
Burbank	060
Burnham	030
Calumet City	060
Calumet Park	030
Chicago	140
Chicago Heights	060
Cicero	070
Country Club Hills	060
Des Plaines	060
Dolton	070
Elk Grove Village	060
Elmwood Park	070
Evanston	070
Evergreen Park	070
Forest Park	060

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City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
Cook except the following Cities (Cont'd)	040
Glenview	060
Hanover Park	060
Harvey	060
Harwood Heights	030
Hazel Crest	060
Hickory Hills	060
Hoffman Estates	060
Hometown	030
Homewood	060
La Grange	060
Lansing	060
Lincolnwood	030
Maywood	060
Melrose Park	070
Merrionette Park	030
Midlothian	060
Morton Grove	060
Mount Prospect	110
Niles	070

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City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
Cook except the following Cities (Cont'd)	040
Norridge	070
Northbrook	060
Oak Forest	060
Oak Lawn	110
Oak Park	130
Orland Park	060
Palatine	060
Palos Hills	060
Park Forest	060
Park Ridge	070
Riverdale	030
River Grove	030
Rolling Meadows	060
Schaumburg	060
Skokie	110
South Holland	060
Stickney	030
Summit	030
Tinley Park	060

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City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
Cook except the following Cities (Cont'd)	040
Westchester	060
Wheeling	060
Wilmette	060
Winnetka	060
DeKalb -- Only the following City	
DeKalb	050
DuPage except the following Cities	150
Addison	080
Carol Stream	080
Chicago	140
Darien	080
Downers Grove	080
Elmhurst	080
Glen Ellyn	080
Hinsdale	080
Lisle	080
Lombard	080
Naperville	080
Oak Brook	080
Villa Park	080
Wheaton	080

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City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
Effingham -- Only the following City	
Effingham	050
Jackson -- Only the following City	
Carbondale	050
Jefferson -- Only the following City	
Mount Vernon	050
Kane except the following Cities	150
Aurora	080
Carpentersville	080
Elgin	080
St. Charles	080
Kankakee -- Only the following City	
Kankakee	050
Knox -- Only the following City	
Galesburg	050
Lake except the following Cities	150
Deerfield	080
Highland Park	080
Lake Forest	080
Libertyville	080
Mundelein	080
Waukegan	080

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City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
Lee -- Only the following City	
Dixon	050
McDonough -- Only the following City	
Macomb	050
McLean -- Only the following Cities	
Bloomington	050
Normal	050
Macon -- Only the following City	
Decatur	050
Madison -- Only the following Cities	
Alton	050
Granite City	050
Morgan -- Only the following City	
Jacksonville	050
Peoria -- Only the following City	
Peoria	090
Rock Island -- Only the following Cities	
East Moline	050
Moline	090
Rock Island	090

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL**

ILLINOIS

City and County Exceptions (Cont'd)

<u>Territory</u>	<u>Territory No.</u>
St. Clair -- Only the following Cities and Townships	
Belleville	050
Canteen Township (Other than the City of Belleville)	020
Centerville Township	020
East St. Louis	050
East St. Louis Township	020
Sangamon -- Only the following City	
Springfield	120
Stephenson -- Only the following City	
Freeport	050
Tazewell -- Only the following City	
Pekin	050
Vermilion -- Only the following City	
Danville	050
Whiteside -- Only the following City	
Sterling	050
Will except the following Cities	150
Bolingbrook	080
Joliet	080
Winnebago -- Only the following City	
Rockford	120

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL**

ILLINOIS

EARTHQUAKE ZONES

**REFER TO THE EARTHQUAKE SUPPLEMENT TO DETERMINE
THE APPLICABLE EARTHQUAKE RATING ZONE BY ZIP CODE**

AMERICAN ASSOCIATION OF INSURANCE SERVICES
 BUSINESSOWNERS MANUAL
 ILLINOIS
 FACTOR RATING INFORMATION -- PROPERTY FACTORS

PROTECTION RELATIVITIES

Protected	1.000
Partially Protected	1.427
Unprotected	1.427

CONSTRUCTION RELATIVITIES

Frame	1.000
Joist Mas	0.825
Non-comb	0.825
Mas N-c	0.569
Fire Res	0.353

TERRITORY RELATIVITIES

Terr	
010	1.000
020	1.000
030	1.000
040	1.000
050	0.877
060	0.877
070	0.877
080	0.877
090	0.877
100	0.83
110	0.83
120	0.83
130	0.83
140	1.328
150	1.000

RATE GROUP RELATIVITIES

RG	Bldg	BPP
1	0.657	0.604
2	1.000	1.000
3	1.000	1.000
4	1.000	1.000
5	1.000	1.000
6	1.000	1.000
7	1.043	1.249
8	1.043	1.249
9	1.043	1.249
10	1.043	1.249
11	1.298	1.272
12	1.298	1.291
13	1.298	1.141
14	1.298	1.272
15	1.298	1.272
16	1.298	1.291
17	1.298	1.272
18	1.298	1.291
19APT	0.943	N/A
19OFF	0.774	N/A
20	1.361	N/A
21	2.106	1.928
22	1.250	1.117
23	1.250	1.117
24	1.356	1.286
25	1.356	1.286
26	1.535	1.436
27	1.898	1.874
28	1.704	1.550
29	2.772	N/A

AMERICAN ASSOCIATION OF INSURANCE SERVICES
 BUSINESSOWNERS MANUAL
 ILLINOIS
 FACTOR RATING INFORMATION -- LIABILITY FACTORS

INCREASED LIMIT FACTORS		RATE GROUP RELATIVITIES		
Limit	Factor	RG	Bldg	BPP
\$300,000	N/A	1	0.342	0.770
\$500,000	0.090	2	1.000	1.000
\$1,000,000	0.200	3	1.000	1.053
\$2,000,000	0.400	4	1.000	1.041
		5	1.000	1.867
		6	1.000	3.324
		7	1.364	1.316
		8	1.364	2.270
		9	1.364	4.152
		10	1.364	1.252
		11	1.530	0.844
		12	1.530	0.844
		13	1.530	1.458
		14	1.530	1.458
		15	1.530	2.669
		16	1.530	2.669
		17	1.530	2.398
		18	1.530	3.883
		19APT	1.022	N/A
		19OFF	0.342	N/A
		20	1.022	N/A
		22	0.495	0.657
		23	0.423	0.558
		24	0.167	0.220
		25	0.332	0.440
		26	1.411	1.858
		27	0.167	0.220
		28	0.255	0.590
		29	1.025	N/A

The Liability Loss Cost and Rate Group Relativities for Buildings apply only to lessor's risk exposures and buildings rated under rate groups 19, 20, and 29.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
 BUSINESSOWNERS MANUAL
 ILLINOIS
 FACTOR RATING INFORMATION
 PROPERTY AND LIABILITY BASE LOSS COST AMOUNTS

PROPERTY BASE AMOUNTS	Bldg	BPP
(Per \$1,000 of Insurance, \$500 Deductible)	\$1.77	\$3.70

SPECIAL POLICY BUILDING RATING INFORMATION	Bldg
(Per \$1,000 of Insurance, \$500 Deductible)	\$0.23

LIABILITY BASE AMOUNTS
 (includes \$5,000 per person medical payments)

Terr	Bldg	BPP
010	\$0.68	\$1.79
020	0.52	1.38
030	0.66	1.70
040	0.63	1.52
050	0.68	1.79
060	0.63	1.52
070	0.66	1.70
080	0.55	1.84
090	0.54	1.38
100	0.68	1.79
110	0.63	1.52
120	0.54	1.38
130	0.66	1.70
140	0.76	1.67
150	0.55	1.84

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 010

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		HIGHER LIAB LIMIT				
			MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$500	\$1,000	\$2,000
1	OCC	\$1.16	\$0.96	\$0.96	\$0.66	\$0.41	N/A	N/A	N/A
	LESS	1.40	1.19	1.19	0.89	0.64	0.02	0.05	0.09
2-6	OCC	1.77	1.46	1.46	1.01	0.63	N/A	N/A	N/A
	LESS	2.45	2.14	2.14	1.69	1.31	0.06	0.14	0.27
7-10	OCC	1.85	1.52	1.52	1.05	0.65	N/A	N/A	N/A
	LESS	2.77	2.45	2.45	1.98	1.58	0.08	0.19	0.37
11-18	OCC	2.30	1.90	1.90	1.31	0.81	N/A	N/A	N/A
	LESS	3.34	2.94	2.94	2.35	1.85	0.09	0.21	0.42
*19	APT	2.37	2.07	2.07	1.65	1.28	0.06	0.14	0.28
	OFF	1.60	1.36	1.36	1.01	0.72	0.02	0.05	0.09
*20		3.11	2.68	2.68	2.07	1.55	0.06	0.14	0.28
21		3.73	3.08	3.08	2.12	1.32	N/A	N/A	N/A
22	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A
	LESS	2.55	2.16	2.16	1.60	1.12	0.03	0.07	0.13
23	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A
	LESS	2.50	2.11	2.11	1.55	1.07	0.03	0.06	0.12
24	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A
	LESS	2.52	2.10	2.10	1.48	0.96	0.01	0.02	0.05
25	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A
	LESS	2.63	2.21	2.21	1.59	1.07	0.02	0.05	0.09
26	OCC	2.72	2.24	2.24	1.55	0.96	N/A	N/A	N/A
	LESS	3.68	3.20	3.20	2.51	1.92	0.09	0.19	0.38
27	OCC	3.36	2.77	2.77	1.91	1.19	N/A	N/A	N/A
	LESS	3.48	2.89	2.89	2.03	1.30	0.01	0.02	0.05
28	OCC	3.02	2.49	2.49	1.72	1.07	N/A	N/A	N/A
	LESS	3.19	2.66	2.66	1.89	1.24	0.02	0.03	0.07
*29		5.61	4.75	4.75	3.49	2.43	0.06	0.14	0.28

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 010

ILLINOIS

STANDARD POLICY

BUILDING LOSS COSTS (PER \$1,000)

\$500 DED

RATE GROUP		PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIAB LIMIT		
		FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$500	\$1,000	\$2,000
1	OCC	\$1.66	\$1.37	\$1.37	\$0.94	\$0.59	N/A	N/A	N/A
	LESS	1.89	1.60	1.60	1.18	0.82	0.02	0.05	0.09
2-6	OCC	2.53	2.09	2.09	1.44	0.89	N/A	N/A	N/A
	LESS	3.21	2.77	2.77	2.12	1.57	0.06	0.14	0.27
7-10	OCC	2.64	2.17	2.17	1.50	0.93	N/A	N/A	N/A
	LESS	3.56	3.10	3.10	2.43	1.86	0.08	0.19	0.37
11-18	OCC	3.28	2.71	2.71	1.87	1.16	N/A	N/A	N/A
	LESS	4.32	3.75	3.75	2.91	2.20	0.09	0.21	0.42
*19	APT	3.08	2.66	2.66	2.05	1.54	0.06	0.14	0.28
	OFF	2.19	1.85	1.85	1.35	0.92	0.02	0.05	0.09
*20		4.13	3.53	3.53	2.65	1.91	0.06	0.14	0.28
21		5.32	4.39	4.39	3.03	1.88	N/A	N/A	N/A
22	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.50	2.94	2.94	2.13	1.45	0.03	0.07	0.13
23	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.45	2.89	2.89	2.09	1.40	0.03	0.06	0.12
24	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.54	2.94	2.94	2.06	1.32	0.01	0.02	0.05
25	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.65	3.05	3.05	2.18	1.44	0.02	0.05	0.09
26	OCC	3.88	3.20	3.20	2.21	1.37	N/A	N/A	N/A
	LESS	4.84	4.16	4.16	3.17	2.33	0.09	0.19	0.38
27	OCC	4.80	3.96	3.96	2.73	1.69	N/A	N/A	N/A
	LESS	4.91	4.07	4.07	2.84	1.81	0.01	0.02	0.05
28	OCC	4.31	3.55	3.55	2.45	1.52	N/A	N/A	N/A
	LESS	4.48	3.73	3.73	2.62	1.69	0.02	0.03	0.07
*29		7.70	6.48	6.48	4.68	3.17	0.06	0.14	0.28

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 020	ILLINOIS	STANDARD POLICY
	BUILDING LOSS COSTS (PER \$1,000)	\$500 DED

SPECIAL POLICY - BUILDING
\$0.23 PER \$1,000 OF INSURANCE

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 020

ILLINOIS

STANDARD POLICY

BUILDING LOSS COSTS (PER \$1,000)

\$500 DED

RATE GROUP		PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIAB LIMIT		
		FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$500	\$1,000	\$2,000
1	OCC	\$1.66	\$1.37	\$1.37	\$0.94	\$0.59	N/A	N/A	N/A
	LESS	1.84	1.55	1.55	1.12	0.76	0.02	0.04	0.07
2-6	OCC	2.53	2.09	2.09	1.44	0.89	N/A	N/A	N/A
	LESS	3.05	2.61	2.61	1.96	1.41	0.05	0.10	0.21
7-10	OCC	2.64	2.17	2.17	1.50	0.93	N/A	N/A	N/A
	LESS	3.35	2.88	2.88	2.21	1.64	0.06	0.14	0.28
11-18	OCC	3.28	2.71	2.71	1.87	1.16	N/A	N/A	N/A
	LESS	4.08	3.50	3.50	2.66	1.95	0.07	0.16	0.32
*19	APT	2.91	2.50	2.50	1.89	1.37	0.05	0.11	0.21
	OFF	2.13	1.79	1.79	1.29	0.87	0.02	0.04	0.07
*20		3.97	3.37	3.37	2.49	1.75	0.05	0.11	0.21
21		5.32	4.39	4.39	3.03	1.88	N/A	N/A	N/A
22	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.42	2.86	2.86	2.05	1.37	0.02	0.05	0.10
23	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.38	2.83	2.83	2.02	1.34	0.02	0.04	0.09
24	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.51	2.91	2.91	2.04	1.30	0.01	0.02	0.03
25	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.60	3.00	3.00	2.12	1.38	0.02	0.03	0.07
26	OCC	3.88	3.20	3.20	2.21	1.37	N/A	N/A	N/A
	LESS	4.61	3.93	3.93	2.94	2.10	0.07	0.15	0.29
27	OCC	4.80	3.96	3.96	2.73	1.69	N/A	N/A	N/A
	LESS	4.88	4.04	4.04	2.82	1.78	0.01	0.02	0.03
28	OCC	4.31	3.55	3.55	2.45	1.52	N/A	N/A	N/A
	LESS	4.44	3.69	3.69	2.58	1.65	0.01	0.03	0.05
*29		7.54	6.31	6.31	4.52	3.01	0.05	0.11	0.21

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 030

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C			\$500	\$1,000	\$2,000
1	OCC	\$1.16	\$0.96	\$0.96	\$0.66	\$0.41	N/A	N/A	N/A
	LESS	1.39	1.19	1.19	0.89	0.64	0.02	0.05	0.09
2-6	OCC	1.77	1.46	1.46	1.01	0.63	N/A	N/A	N/A
	LESS	2.43	2.12	2.12	1.67	1.29	0.06	0.13	0.26
7-10	OCC	1.85	1.52	1.52	1.05	0.65	N/A	N/A	N/A
	LESS	2.75	2.42	2.42	1.95	1.55	0.08	0.18	0.36
11-18	OCC	2.30	1.90	1.90	1.31	0.81	N/A	N/A	N/A
	LESS	3.31	2.91	2.91	2.32	1.82	0.09	0.20	0.40
*19	APT	2.34	2.05	2.05	1.62	1.26	0.06	0.13	0.27
	OFF	1.60	1.36	1.36	1.01	0.71	0.02	0.05	0.09
*20		3.09	2.66	2.66	2.05	1.53	0.06	0.13	0.27
21		3.73	3.08	3.08	2.12	1.32	N/A	N/A	N/A
22	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A
	LESS	2.54	2.15	2.15	1.59	1.11	0.03	0.07	0.13
23	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A
	LESS	2.49	2.11	2.11	1.54	1.06	0.03	0.06	0.11
24	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A
	LESS	2.51	2.09	2.09	1.48	0.96	0.01	0.02	0.04
25	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A
	LESS	2.62	2.20	2.20	1.59	1.07	0.02	0.04	0.09
26	OCC	2.72	2.24	2.24	1.55	0.96	N/A	N/A	N/A
	LESS	3.65	3.17	3.17	2.48	1.89	0.08	0.19	0.37
27	OCC	3.36	2.77	2.77	1.91	1.19	N/A	N/A	N/A
	LESS	3.47	2.88	2.88	2.02	1.30	0.01	0.02	0.04
28	OCC	3.02	2.49	2.49	1.72	1.07	N/A	N/A	N/A
	LESS	3.19	2.66	2.66	1.89	1.23	0.02	0.03	0.07
*29		5.59	4.73	4.73	3.47	2.41	0.06	0.14	0.27

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 030

ILLINOIS

STANDARD POLICY

BUILDING LOSS COSTS (PER \$1,000)

\$500 DED

RATE GROUP		PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIAB LIMIT		
		FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$500	\$1,000	\$2,000
1	OCC	\$1.66	\$1.37	\$1.37	\$0.94	\$0.59	N/A	N/A	N/A
	LESS	1.89	1.60	1.60	1.17	0.81	0.02	0.05	0.09
2-6	OCC	2.53	2.09	2.09	1.44	0.89	N/A	N/A	N/A
	LESS	3.19	2.75	2.75	2.10	1.55	0.06	0.13	0.26
7-10	OCC	2.64	2.17	2.17	1.50	0.93	N/A	N/A	N/A
	LESS	3.54	3.08	3.08	2.40	1.83	0.08	0.18	0.36
11-18	OCC	3.28	2.71	2.71	1.87	1.16	N/A	N/A	N/A
	LESS	4.29	3.72	3.72	2.88	2.17	0.09	0.20	0.40
*19	APT	3.06	2.64	2.64	2.03	1.52	0.06	0.13	0.27
	OFF	2.18	1.84	1.84	1.34	0.92	0.02	0.05	0.09
*20		4.11	3.51	3.51	2.63	1.89	0.06	0.13	0.27
21		5.32	4.39	4.39	3.03	1.88	N/A	N/A	N/A
22	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.49	2.93	2.93	2.12	1.44	0.03	0.07	0.13
23	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.44	2.89	2.89	2.08	1.39	0.03	0.06	0.11
24	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.54	2.94	2.94	2.06	1.32	0.01	0.02	0.04
25	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.65	3.05	3.05	2.17	1.43	0.02	0.04	0.09
26	OCC	3.88	3.20	3.20	2.21	1.37	N/A	N/A	N/A
	LESS	4.81	4.13	4.13	3.14	2.30	0.08	0.19	0.37
27	OCC	4.80	3.96	3.96	2.73	1.69	N/A	N/A	N/A
	LESS	4.91	4.07	4.07	2.84	1.80	0.01	0.02	0.04
28	OCC	4.31	3.55	3.55	2.45	1.52	N/A	N/A	N/A
	LESS	4.48	3.72	3.72	2.62	1.69	0.02	0.03	0.07
*29		7.68	6.46	6.46	4.66	3.15	0.06	0.14	0.27

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 040

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C				\$500	\$1,000	\$2,000
1	OCC	\$1.16	\$0.96	\$0.96	\$0.66	\$0.41	N/A	N/A	N/A	N/A
	LESS	1.38	1.18	1.18	0.88	0.63	0.02	0.04	0.09	0.09
2-6	OCC	1.77	1.46	1.46	1.01	0.63	N/A	N/A	N/A	N/A
	LESS	2.40	2.09	2.09	1.64	1.26	0.06	0.13	0.25	0.25
7-10	OCC	1.85	1.52	1.52	1.05	0.65	N/A	N/A	N/A	N/A
	LESS	2.71	2.38	2.38	1.91	1.51	0.08	0.17	0.34	0.34
11-18	OCC	2.30	1.90	1.90	1.31	0.81	N/A	N/A	N/A	N/A
	LESS	3.26	2.86	2.86	2.27	1.78	0.09	0.19	0.39	0.39
*19	APT	2.31	2.02	2.02	1.59	1.23	0.06	0.13	0.26	0.26
	OFF	1.59	1.35	1.35	1.00	0.70	0.02	0.04	0.09	0.09
*20		3.05	2.63	2.63	2.02	1.49	0.06	0.13	0.26	0.26
21		3.73	3.08	3.08	2.12	1.32	N/A	N/A	N/A	N/A
22	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A	N/A
	LESS	2.53	2.14	2.14	1.57	1.09	0.03	0.06	0.12	0.12
23	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A	N/A
	LESS	2.48	2.09	2.09	1.53	1.05	0.02	0.05	0.11	0.11
24	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A	N/A
	LESS	2.51	2.09	2.09	1.47	0.95	0.01	0.02	0.04	0.04
25	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A	N/A
	LESS	2.61	2.19	2.19	1.58	1.06	0.02	0.04	0.08	0.08
26	OCC	2.72	2.24	2.24	1.55	0.96	N/A	N/A	N/A	N/A
	LESS	3.61	3.13	3.13	2.44	1.85	0.08	0.18	0.36	0.36
27	OCC	3.36	2.77	2.77	1.91	1.19	N/A	N/A	N/A	N/A
	LESS	3.47	2.88	2.88	2.02	1.29	0.01	0.02	0.04	0.04
28	OCC	3.02	2.49	2.49	1.72	1.07	N/A	N/A	N/A	N/A
	LESS	3.18	2.65	2.65	1.88	1.23	0.01	0.03	0.06	0.06
*29		5.56	4.70	4.70	3.44	2.38	0.06	0.13	0.26	0.26

SPECIAL POLICY - BUILDING
\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL
PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS
INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON
MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 040

ILLINOIS

STANDARD POLICY

BUILDING LOSS COSTS (PER \$1,000)

\$500 DED

RATE GROUP		PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIAB LIMIT		
		FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$500	\$1,000	\$2,000
1	OCC	\$1.66	\$1.37	\$1.37	\$0.94	\$0.59	N/A	N/A	N/A
	LESS	1.88	1.59	1.59	1.16	0.80	0.02	0.04	0.09
2-6	OCC	2.53	2.09	2.09	1.44	0.89	N/A	N/A	N/A
	LESS	3.16	2.72	2.72	2.07	1.52	0.06	0.13	0.25
7-10	OCC	2.64	2.17	2.17	1.50	0.93	N/A	N/A	N/A
	LESS	3.50	3.03	3.03	2.36	1.79	0.08	0.17	0.34
11-18	OCC	3.28	2.71	2.71	1.87	1.16	N/A	N/A	N/A
	LESS	4.24	3.67	3.67	2.83	2.12	0.09	0.19	0.39
*19	APT	3.03	2.61	2.61	2.00	1.49	0.06	0.13	0.26
	OFF	2.17	1.83	1.83	1.33	0.91	0.02	0.04	0.09
*20		4.08	3.48	3.48	2.60	1.86	0.06	0.13	0.26
21		5.32	4.39	4.39	3.03	1.88	N/A	N/A	N/A
22	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.47	2.92	2.92	2.11	1.43	0.03	0.06	0.12
23	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.43	2.87	2.87	2.06	1.38	0.02	0.05	0.11
24	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.53	2.93	2.93	2.06	1.32	0.01	0.02	0.04
25	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.64	3.04	3.04	2.16	1.42	0.02	0.04	0.08
26	OCC	3.88	3.20	3.20	2.21	1.37	N/A	N/A	N/A
	LESS	4.77	4.09	4.09	3.10	2.26	0.08	0.18	0.36
27	OCC	4.80	3.96	3.96	2.73	1.69	N/A	N/A	N/A
	LESS	4.90	4.06	4.06	2.83	1.80	0.01	0.02	0.04
28	OCC	4.31	3.55	3.55	2.45	1.52	N/A	N/A	N/A
	LESS	4.47	3.71	3.71	2.61	1.68	0.01	0.03	0.06
*29		7.65	6.43	6.43	4.63	3.12	0.06	0.13	0.26

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 050

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C			\$500	\$1,000	\$2,000
1	OCC	\$1.02	\$0.84	\$0.84	\$0.58	\$0.36	N/A	N/A	N/A
	LESS	1.25	1.07	1.07	0.81	0.59	0.02	0.05	0.09
2-6	OCC	1.55	1.28	1.28	0.88	0.55	N/A	N/A	N/A
	LESS	2.23	1.96	1.96	1.56	1.23	0.06	0.14	0.27
7-10	OCC	1.62	1.34	1.34	0.92	0.57	N/A	N/A	N/A
	LESS	2.55	2.26	2.26	1.85	1.50	0.08	0.19	0.37
11-18	OCC	2.02	1.66	1.66	1.15	0.71	N/A	N/A	N/A
	LESS	3.06	2.70	2.70	2.19	1.75	0.09	0.21	0.42
*19	APT	2.16	1.90	1.90	1.53	1.21	0.06	0.14	0.28
	OFF	1.43	1.22	1.22	0.92	0.66	0.02	0.05	0.09
*20		2.81	2.44	2.44	1.90	1.44	0.06	0.14	0.28
21		3.27	2.70	2.70	1.86	1.15	N/A	N/A	N/A
22	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.28	1.94	1.94	1.44	1.02	0.03	0.07	0.13
23	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.23	1.89	1.89	1.39	0.97	0.03	0.06	0.12
24	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.22	1.85	1.85	1.31	0.86	0.01	0.02	0.05
25	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.33	1.96	1.96	1.42	0.97	0.02	0.05	0.09
26	OCC	2.38	1.97	1.97	1.36	0.84	N/A	N/A	N/A
	LESS	3.34	2.93	2.93	2.32	1.80	0.09	0.19	0.38
27	OCC	2.95	2.43	2.43	1.68	1.04	N/A	N/A	N/A
	LESS	3.06	2.55	2.55	1.79	1.15	0.01	0.02	0.05
28	OCC	2.65	2.18	2.18	1.51	0.93	N/A	N/A	N/A
	LESS	2.82	2.36	2.36	1.68	1.11	0.02	0.03	0.07
*29		5.00	4.25	4.25	3.15	2.22	0.06	0.14	0.28

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 060

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C			\$500	\$1,000	\$2,000
1	OCC	\$1.02	\$0.84	\$0.84	\$0.58	\$0.36	N/A	N/A	N/A
	LESS	1.24	1.06	1.06	0.80	0.58	0.02	0.04	0.09
2-6	OCC	1.55	1.28	1.28	0.88	0.55	N/A	N/A	N/A
	LESS	2.18	1.91	1.91	1.51	1.18	0.06	0.13	0.25
7-10	OCC	1.62	1.34	1.34	0.92	0.57	N/A	N/A	N/A
	LESS	2.48	2.20	2.20	1.78	1.43	0.08	0.17	0.34
11-18	OCC	2.02	1.66	1.66	1.15	0.71	N/A	N/A	N/A
	LESS	2.98	2.63	2.63	2.11	1.68	0.09	0.19	0.39
*19	APT	2.11	1.85	1.85	1.48	1.16	0.06	0.13	0.26
	OFF	1.42	1.21	1.21	0.90	0.64	0.02	0.04	0.09
*20		2.76	2.39	2.39	1.85	1.39	0.06	0.13	0.26
21		3.27	2.70	2.70	1.86	1.15	N/A	N/A	N/A
22	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.25	1.91	1.91	1.42	1.00	0.03	0.06	0.12
23	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.21	1.87	1.87	1.37	0.95	0.02	0.05	0.11
24	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.21	1.84	1.84	1.30	0.85	0.01	0.02	0.04
25	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.32	1.95	1.95	1.41	0.95	0.02	0.04	0.08
26	OCC	2.38	1.97	1.97	1.36	0.84	N/A	N/A	N/A
	LESS	3.27	2.86	2.86	2.25	1.73	0.08	0.18	0.36
27	OCC	2.95	2.43	2.43	1.68	1.04	N/A	N/A	N/A
	LESS	3.05	2.54	2.54	1.78	1.15	0.01	0.02	0.04
28	OCC	2.65	2.18	2.18	1.51	0.93	N/A	N/A	N/A
	LESS	2.81	2.34	2.34	1.67	1.10	0.01	0.03	0.06
*29		4.95	4.20	4.20	3.10	2.17	0.06	0.13	0.26

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 070

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		HIGHER LIAB LIMIT		(000)		
			MAS JST	MAS N-C	MAS N-C	FIRE RESIST	\$500	\$1,000	\$2,000
1	OCC	\$1.02	\$0.84	\$0.84	\$0.58	\$0.36	N/A	N/A	N/A
	LESS	1.25	1.07	1.07	0.81	0.59	0.02	0.05	0.09
2-6	OCC	1.55	1.28	1.28	0.88	0.55	N/A	N/A	N/A
	LESS	2.21	1.94	1.94	1.54	1.21	0.06	0.13	0.26
7-10	OCC	1.62	1.34	1.34	0.92	0.57	N/A	N/A	N/A
	LESS	2.52	2.24	2.24	1.82	1.47	0.08	0.18	0.36
11-18	OCC	2.02	1.66	1.66	1.15	0.71	N/A	N/A	N/A
	LESS	3.03	2.67	2.67	2.16	1.72	0.09	0.20	0.40
*19	APT	2.14	1.88	1.88	1.51	1.19	0.06	0.13	0.27
	OFF	1.43	1.22	1.22	0.91	0.65	0.02	0.05	0.09
*20		2.79	2.42	2.42	1.88	1.42	0.06	0.13	0.27
21		3.27	2.70	2.70	1.86	1.15	N/A	N/A	N/A
22	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.27	1.93	1.93	1.43	1.01	0.03	0.07	0.13
23	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.22	1.88	1.88	1.38	0.96	0.03	0.06	0.11
24	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.22	1.85	1.85	1.31	0.85	0.01	0.02	0.04
25	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.33	1.96	1.96	1.42	0.96	0.02	0.04	0.09
26	OCC	2.38	1.97	1.97	1.36	0.84	N/A	N/A	N/A
	LESS	3.32	2.90	2.90	2.29	1.77	0.08	0.19	0.37
27	OCC	2.95	2.43	2.43	1.68	1.04	N/A	N/A	N/A
	LESS	3.06	2.54	2.54	1.79	1.15	0.01	0.02	0.04
28	OCC	2.65	2.18	2.18	1.51	0.93	N/A	N/A	N/A
	LESS	2.82	2.35	2.35	1.67	1.10	0.02	0.03	0.07
*29		4.98	4.23	4.23	3.13	2.20	0.06	0.14	0.27

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 080

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C			\$500	\$1,000	\$2,000
1	OCC	\$1.02	\$0.84	\$0.84	\$0.58	\$0.36	N/A	N/A	N/A
	LESS	1.21	1.03	1.03	0.77	0.55	0.02	0.04	0.08
2-6	OCC	1.55	1.28	1.28	0.88	0.55	N/A	N/A	N/A
	LESS	2.10	1.83	1.83	1.43	1.10	0.05	0.11	0.22
7-10	OCC	1.62	1.34	1.34	0.92	0.57	N/A	N/A	N/A
	LESS	2.37	2.09	2.09	1.67	1.32	0.07	0.15	0.30
11-18	OCC	2.02	1.66	1.66	1.15	0.71	N/A	N/A	N/A
	LESS	2.86	2.51	2.51	1.99	1.55	0.08	0.17	0.34
*19	APT	2.03	1.77	1.77	1.40	1.08	0.05	0.11	0.22
	OFF	1.39	1.18	1.18	0.87	0.61	0.02	0.04	0.08
*20		2.68	2.31	2.31	1.77	1.31	0.05	0.11	0.22
21		3.27	2.70	2.70	1.86	1.15	N/A	N/A	N/A
22	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.21	1.87	1.87	1.38	0.96	0.02	0.05	0.11
23	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.17	1.83	1.83	1.34	0.92	0.02	0.05	0.09
24	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.20	1.83	1.83	1.29	0.84	0.01	0.02	0.04
25	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.29	1.92	1.92	1.38	0.93	0.02	0.04	0.07
26	OCC	2.38	1.97	1.97	1.36	0.84	N/A	N/A	N/A
	LESS	3.16	2.74	2.74	2.13	1.62	0.07	0.16	0.31
27	OCC	2.95	2.43	2.43	1.68	1.04	N/A	N/A	N/A
	LESS	3.04	2.52	2.52	1.77	1.13	0.01	0.02	0.04
28	OCC	2.65	2.18	2.18	1.51	0.93	N/A	N/A	N/A
	LESS	2.79	2.32	2.32	1.65	1.07	0.01	0.03	0.06
*29		4.87	4.12	4.12	3.01	2.08	0.05	0.11	0.23

SPECIAL POLICY - BUILDING
\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL
PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS
INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON
MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 090

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		HIGHER LIAB LIMIT		(000)		
			MAS JST	MAS N-C	MAS N-C	FIRE RESIST	\$500	\$1,000	\$2,000
1	OCC	\$1.02	\$0.84	\$0.84	\$0.58	\$0.36	N/A	N/A	N/A
	LESS	1.21	1.03	1.03	0.77	0.54	0.02	0.04	0.07
2-6	OCC	1.55	1.28	1.28	0.88	0.55	N/A	N/A	N/A
	LESS	2.09	1.82	1.82	1.42	1.09	0.05	0.11	0.22
7-10	OCC	1.62	1.34	1.34	0.92	0.57	N/A	N/A	N/A
	LESS	2.36	2.07	2.07	1.66	1.31	0.07	0.15	0.29
11-18	OCC	2.02	1.66	1.66	1.15	0.71	N/A	N/A	N/A
	LESS	2.84	2.49	2.49	1.97	1.54	0.07	0.17	0.33
*19	APT	2.02	1.76	1.76	1.39	1.07	0.05	0.11	0.22
	OFF	1.39	1.18	1.18	0.87	0.61	0.02	0.04	0.07
*20		2.67	2.30	2.30	1.75	1.30	0.05	0.11	0.22
21		3.27	2.70	2.70	1.86	1.15	N/A	N/A	N/A
22	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.21	1.87	1.87	1.37	0.95	0.02	0.05	0.11
23	OCC	1.94	1.60	1.60	1.10	0.69	N/A	N/A	N/A
	LESS	2.17	1.83	1.83	1.33	0.91	0.02	0.05	0.09
24	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.20	1.83	1.83	1.29	0.83	0.01	0.02	0.04
25	OCC	2.11	1.74	1.74	1.20	0.74	N/A	N/A	N/A
	LESS	2.29	1.92	1.92	1.38	0.92	0.02	0.04	0.07
26	OCC	2.38	1.97	1.97	1.36	0.84	N/A	N/A	N/A
	LESS	3.15	2.73	2.73	2.12	1.60	0.07	0.15	0.30
27	OCC	2.95	2.43	2.43	1.68	1.04	N/A	N/A	N/A
	LESS	3.04	2.52	2.52	1.77	1.13	0.01	0.02	0.04
28	OCC	2.65	2.18	2.18	1.51	0.93	N/A	N/A	N/A
	LESS	2.78	2.32	2.32	1.64	1.07	0.01	0.03	0.06
*29		4.86	4.11	4.11	3.00	2.07	0.05	0.11	0.22

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 100	ILLINOIS	STANDARD POLICY
	BUILDING LOSS COSTS (PER \$1,000)	\$500 DED

SPECIAL POLICY - BUILDING
\$0.23 PER \$1,000 OF INSURANCE

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

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TERRITORY 110

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C				\$500	\$1,000	\$2,000
1	OCC	\$0.97	\$0.80	\$0.80	\$0.55	\$0.34	N/A	N/A	N/A	N/A
	LESS	1.18	1.01	1.01	0.76	0.56	0.02	0.04	0.09	0.09
2-6	OCC	1.47	1.21	1.21	0.84	0.52	N/A	N/A	N/A	N/A
	LESS	2.10	1.84	1.84	1.47	1.15	0.06	0.13	0.25	0.25
7-10	OCC	1.53	1.26	1.26	0.87	0.54	N/A	N/A	N/A	N/A
	LESS	2.39	2.12	2.12	1.73	1.40	0.08	0.17	0.34	0.34
11-18	OCC	1.91	1.57	1.57	1.09	0.67	N/A	N/A	N/A	N/A
	LESS	2.87	2.54	2.54	2.05	1.64	0.09	0.19	0.39	0.39
*19	APT	2.03	1.79	1.79	1.43	1.13	0.06	0.13	0.26	0.26
	OFF	1.35	1.15	1.15	0.86	0.62	0.02	0.04	0.09	0.09
*20		2.64	2.29	2.29	1.78	1.35	0.06	0.13	0.26	0.26
21		3.10	2.55	2.55	1.76	1.09	N/A	N/A	N/A	N/A
22	OCC	1.84	1.52	1.52	1.05	0.65	N/A	N/A	N/A	N/A
	LESS	2.15	1.83	1.83	1.36	0.96	0.03	0.06	0.12	0.12
23	OCC	1.84	1.52	1.52	1.05	0.65	N/A	N/A	N/A	N/A
	LESS	2.10	1.78	1.78	1.31	0.92	0.02	0.05	0.11	0.11
24	OCC	1.99	1.64	1.64	1.13	0.70	N/A	N/A	N/A	N/A
	LESS	2.10	1.75	1.75	1.24	0.81	0.01	0.02	0.04	0.04
25	OCC	1.99	1.64	1.64	1.13	0.70	N/A	N/A	N/A	N/A
	LESS	2.20	1.85	1.85	1.34	0.91	0.02	0.04	0.08	0.08
26	OCC	2.26	1.86	1.86	1.28	0.80	N/A	N/A	N/A	N/A
	LESS	3.15	2.75	2.75	2.17	1.69	0.08	0.18	0.36	0.36
27	OCC	2.79	2.30	2.30	1.59	0.98	N/A	N/A	N/A	N/A
	LESS	2.90	2.41	2.41	1.69	1.09	0.01	0.02	0.04	0.04
28	OCC	2.51	2.07	2.07	1.43	0.88	N/A	N/A	N/A	N/A
	LESS	2.67	2.23	2.23	1.59	1.05	0.01	0.03	0.06	0.06
*29		4.72	4.01	4.01	2.96	2.08	0.06	0.13	0.26	0.26

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

* THESE LOSS COSTS APPLY TO BOTH BUILDING AND BUSINESS PERSONAL PROPERTY.

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 120	ILLINOIS	STANDARD POLICY
	BUILDING LOSS COSTS (PER \$1,000)	\$500 DED

SPECIAL POLICY - BUILDING
\$0.23 PER \$1,000 OF INSURANCE

THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

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TERRITORY 130

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C			\$500	\$1,000	\$2,000
1	OCC	\$0.97	\$0.80	\$0.80	\$0.55	\$0.34	N/A	N/A	N/A
	LESS	1.19	1.02	1.02	0.78	0.57	0.02	0.05	0.09
2-6	OCC	1.47	1.21	1.21	0.84	0.52	N/A	N/A	N/A
	LESS	2.13	1.87	1.87	1.50	1.18	0.06	0.13	0.26
7-10	OCC	1.53	1.26	1.26	0.87	0.54	N/A	N/A	N/A
	LESS	2.43	2.17	2.17	1.77	1.44	0.08	0.18	0.36
11-18	OCC	1.91	1.57	1.57	1.09	0.67	N/A	N/A	N/A
	LESS	2.92	2.58	2.58	2.10	1.68	0.09	0.20	0.40
*19	APT	2.06	1.82	1.82	1.46	1.16	0.06	0.13	0.27
	OFF	1.36	1.16	1.16	0.87	0.63	0.02	0.05	0.09
*20		2.68	2.33	2.33	1.81	1.38	0.06	0.13	0.27
21		3.10	2.55	2.55	1.76	1.09	N/A	N/A	N/A
22	OCC	1.84	1.52	1.52	1.05	0.65	N/A	N/A	N/A
	LESS	2.16	1.84	1.84	1.37	0.98	0.03	0.07	0.13
23	OCC	1.84	1.52	1.52	1.05	0.65	N/A	N/A	N/A
	LESS	2.12	1.80	1.80	1.32	0.93	0.03	0.06	0.11
24	OCC	1.99	1.64	1.64	1.13	0.70	N/A	N/A	N/A
	LESS	2.10	1.75	1.75	1.24	0.81	0.01	0.02	0.04
25	OCC	1.99	1.64	1.64	1.13	0.70	N/A	N/A	N/A
	LESS	2.21	1.86	1.86	1.35	0.92	0.02	0.04	0.09
26	OCC	2.26	1.86	1.86	1.28	0.80	N/A	N/A	N/A
	LESS	3.19	2.79	2.79	2.22	1.73	0.08	0.19	0.37
27	OCC	2.79	2.30	2.30	1.59	0.98	N/A	N/A	N/A
	LESS	2.90	2.41	2.41	1.70	1.10	0.01	0.02	0.04
28	OCC	2.51	2.07	2.07	1.43	0.88	N/A	N/A	N/A
	LESS	2.67	2.24	2.24	1.59	1.05	0.02	0.03	0.07
*29		4.75	4.04	4.04	3.00	2.11	0.06	0.14	0.27

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

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THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

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BUSINESSOWNERS MANUAL

TERRITORY 140

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C			\$500	\$1,000	\$2,000
1	OCC	\$1.55	\$1.27	\$1.27	\$0.88	\$0.55	N/A	N/A	N/A
	LESS	1.80	1.53	1.53	1.14	0.81	0.02	0.05	0.10
2-6	OCC	2.35	1.94	1.94	1.34	0.83	N/A	N/A	N/A
	LESS	3.11	2.70	2.70	2.10	1.59	0.07	0.15	0.30
7-10	OCC	2.45	2.02	2.02	1.40	0.87	N/A	N/A	N/A
	LESS	3.49	3.06	3.06	2.43	1.90	0.09	0.21	0.41
11-18	OCC	3.05	2.52	2.52	1.74	1.08	N/A	N/A	N/A
	LESS	4.22	3.68	3.68	2.90	2.24	0.10	0.23	0.47
*19	APT	2.99	2.61	2.61	2.04	1.56	0.07	0.16	0.31
	OFF	2.08	1.76	1.76	1.30	0.90	0.02	0.05	0.10
*20		3.98	3.42	3.42	2.60	1.91	0.07	0.16	0.31
21		4.95	4.09	4.09	2.82	1.75	N/A	N/A	N/A
22	OCC	2.94	2.43	2.43	1.67	1.04	N/A	N/A	N/A
	LESS	3.32	2.80	2.80	2.05	1.41	0.03	0.08	0.15
23	OCC	2.94	2.43	2.43	1.67	1.04	N/A	N/A	N/A
	LESS	3.26	2.75	2.75	1.99	1.36	0.03	0.06	0.13
24	OCC	3.19	2.63	2.63	1.81	1.13	N/A	N/A	N/A
	LESS	3.32	2.76	2.76	1.94	1.25	0.01	0.03	0.05
25	OCC	3.19	2.63	2.63	1.81	1.13	N/A	N/A	N/A
	LESS	3.44	2.88	2.88	2.07	1.38	0.02	0.05	0.10
26	OCC	3.61	2.98	2.98	2.05	1.27	N/A	N/A	N/A
	LESS	4.68	4.05	4.05	3.13	2.35	0.10	0.21	0.43
27	OCC	4.46	3.68	3.68	2.54	1.58	N/A	N/A	N/A
	LESS	4.59	3.81	3.81	2.67	1.70	0.01	0.03	0.05
28	OCC	4.01	3.31	3.31	2.28	1.41	N/A	N/A	N/A
	LESS	4.20	3.50	3.50	2.47	1.61	0.02	0.04	0.08
*29		7.30	6.16	6.16	4.49	3.08	0.07	0.16	0.31

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

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THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 150

ILLINOIS
BUILDING LOSS COSTS (PER \$1,000)

STANDARD POLICY
\$500 DED

RATE GROUP		FRAME	PROTECTED		MAS N-C	MAS N-C	FIRE RESIST	HIGHER LIAB LIMIT (000)		
			MAS JST	N-C				\$500	\$1,000	\$2,000
1	OCC	\$1.16	\$0.96	\$0.96	\$0.66	\$0.41	N/A	N/A	N/A	N/A
	LESS	1.35	1.15	1.15	0.85	0.60	0.02	0.04	0.08	0.08
2-6	OCC	1.77	1.46	1.46	1.01	0.63	N/A	N/A	N/A	N/A
	LESS	2.32	2.01	2.01	1.56	1.18	0.05	0.11	0.22	0.22
7-10	OCC	1.85	1.52	1.52	1.05	0.65	N/A	N/A	N/A	N/A
	LESS	2.60	2.27	2.27	1.80	1.40	0.07	0.15	0.30	0.30
11-18	OCC	2.30	1.90	1.90	1.31	0.81	N/A	N/A	N/A	N/A
	LESS	3.14	2.74	2.74	2.15	1.65	0.08	0.17	0.34	0.34
*19	APT	2.23	1.94	1.94	1.51	1.15	0.05	0.11	0.22	0.22
	OFF	1.56	1.32	1.32	0.97	0.67	0.02	0.04	0.08	0.08
*20		2.97	2.55	2.55	1.93	1.41	0.05	0.11	0.22	0.22
21		3.73	3.08	3.08	2.12	1.32	N/A	N/A	N/A	N/A
22	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A	N/A
	LESS	2.49	2.10	2.10	1.53	1.05	0.02	0.05	0.11	0.11
23	OCC	2.21	1.83	1.83	1.26	0.78	N/A	N/A	N/A	N/A
	LESS	2.45	2.06	2.06	1.49	1.01	0.02	0.05	0.09	0.09
24	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A	N/A
	LESS	2.49	2.07	2.07	1.46	0.94	0.01	0.02	0.04	0.04
25	OCC	2.40	1.98	1.98	1.37	0.85	N/A	N/A	N/A	N/A
	LESS	2.58	2.16	2.16	1.55	1.03	0.02	0.04	0.07	0.07
26	OCC	2.72	2.24	2.24	1.55	0.96	N/A	N/A	N/A	N/A
	LESS	3.49	3.02	3.02	2.32	1.74	0.07	0.16	0.31	0.31
27	OCC	3.36	2.77	2.77	1.91	1.19	N/A	N/A	N/A	N/A
	LESS	3.45	2.87	2.87	2.00	1.28	0.01	0.02	0.04	0.04
28	OCC	3.02	2.49	2.49	1.72	1.07	N/A	N/A	N/A	N/A
	LESS	3.16	2.63	2.63	1.86	1.21	0.01	0.03	0.06	0.06
*29		5.47	4.61	4.61	3.36	2.30	0.05	0.11	0.23	0.23

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

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THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

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TERRITORY 150

ILLINOIS

STANDARD POLICY

BUILDING LOSS COSTS (PER \$1,000)

\$500 DED

RATE GROUP		PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIAB LIMIT		
		FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$500	\$1,000	\$2,000
1	OCC	\$1.66	\$1.37	\$1.37	\$0.94	\$0.59	N/A	N/A	N/A
	LESS	1.85	1.56	1.56	1.13	0.77	0.02	0.04	0.08
2-6	OCC	2.53	2.09	2.09	1.44	0.89	N/A	N/A	N/A
	LESS	3.08	2.64	2.64	1.99	1.44	0.05	0.11	0.22
7-10	OCC	2.64	2.17	2.17	1.50	0.93	N/A	N/A	N/A
	LESS	3.39	2.93	2.93	2.25	1.68	0.07	0.15	0.30
11-18	OCC	3.28	2.71	2.71	1.87	1.16	N/A	N/A	N/A
	LESS	4.12	3.55	3.55	2.71	2.00	0.08	0.17	0.34
*19	APT	2.95	2.53	2.53	1.92	1.40	0.05	0.11	0.22
	OFF	2.14	1.80	1.80	1.30	0.88	0.02	0.04	0.08
*20		4.00	3.40	3.40	2.52	1.78	0.05	0.11	0.22
21		5.32	4.39	4.39	3.03	1.88	N/A	N/A	N/A
22	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.43	2.88	2.88	2.07	1.39	0.02	0.05	0.11
23	OCC	3.16	2.61	2.61	1.80	1.12	N/A	N/A	N/A
	LESS	3.39	2.84	2.84	2.03	1.35	0.02	0.05	0.09
24	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.52	2.92	2.92	2.04	1.30	0.01	0.02	0.04
25	OCC	3.43	2.83	2.83	1.95	1.21	N/A	N/A	N/A
	LESS	3.61	3.01	3.01	2.13	1.39	0.02	0.04	0.07
26	OCC	3.88	3.20	3.20	2.21	1.37	N/A	N/A	N/A
	LESS	4.66	3.98	3.98	2.98	2.15	0.07	0.16	0.31
27	OCC	4.80	3.96	3.96	2.73	1.69	N/A	N/A	N/A
	LESS	4.89	4.05	4.05	2.82	1.79	0.01	0.02	0.04
28	OCC	4.31	3.55	3.55	2.45	1.52	N/A	N/A	N/A
	LESS	4.45	3.69	3.69	2.59	1.66	0.01	0.03	0.06
*29		7.57	6.34	6.34	4.55	3.04	0.05	0.11	0.23

SPECIAL POLICY - BUILDING

\$0.23 PER \$1,000 OF INSURANCE

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THE LESSOR'S RISK LOSS COSTS AND THE RATE GROUP 19, 20, and 29 LOSS COSTS INCLUDE \$300,000 OF LIABILITY COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 010	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

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BUSINESSOWNERS MANUAL

TERRITORY 010 ILLINOIS STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000) \$500 DED

RATE GROUP	PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIABILITY LIMIT		
	FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$ 500	\$1,000	\$2,000
1	\$4.57	\$4.01	\$4.01	\$3.19	\$2.50	\$0.12	\$0.28	\$0.55
2	7.07	6.14	6.14	4.79	3.65	0.16	0.36	0.72
3	7.16	6.24	6.24	4.89	3.75	0.17	0.38	0.75
4	7.14	6.22	6.22	4.87	3.73	0.17	0.37	0.75
5	8.62	7.70	7.70	6.35	5.21	0.30	0.67	1.34
6	11.23	10.30	10.30	8.95	7.81	0.54	1.19	2.38
7	8.95	7.79	7.79	6.11	4.68	0.21	0.47	0.94
8	10.66	9.50	9.50	7.81	6.39	0.37	0.81	1.63
9	14.02	12.87	12.87	11.18	9.76	0.67	1.49	2.97
10	8.83	7.68	7.68	5.99	4.57	0.20	0.45	0.90
11	8.22	7.05	7.05	5.33	3.88	0.14	0.30	0.60
12	8.32	7.13	7.13	5.39	3.92	0.14	0.30	0.60
13	8.63	7.58	7.58	6.04	4.73	0.23	0.52	1.04
14	9.32	8.15	8.15	6.43	4.98	0.23	0.52	1.04
15	11.49	10.32	10.32	8.60	7.15	0.43	0.96	1.91
16	11.59	10.40	10.40	8.65	7.18	0.43	0.96	1.91
17	11.01	9.83	9.83	8.11	6.66	0.39	0.86	1.72
18	13.76	12.57	12.57	10.83	9.36	0.63	1.39	2.78
21	10.18	8.39	8.39	5.79	3.59	N/A	N/A	N/A
22	7.07	6.04	6.04	4.53	3.26	0.11	0.24	0.47
23	6.89	5.86	5.86	4.35	3.08	0.09	0.20	0.40
24	7.18	5.99	5.99	4.26	2.79	0.04	0.08	0.16
25	7.57	6.39	6.39	4.65	3.18	0.07	0.16	0.32
26	10.91	9.58	9.58	7.64	6.00	0.30	0.67	1.33
27	10.28	8.55	8.55	6.02	3.89	0.04	0.08	0.16
28	9.24	7.81	7.81	5.71	3.94	0.10	0.21	0.42

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 020	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 020	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 030 ILLINOIS STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000) \$500 DED

RATE GROUP	FRAME	PROTECTED		HIGHER LIABILITY LIMIT				
		MAS JST	MAS N-C	MAS N-C	FIRE RESIST	(000)	\$ 500	\$2,000
1	\$3.54	\$3.15	\$3.15	\$2.58	\$2.10	\$0.12	\$0.26	\$0.52
2	5.40	4.75	4.75	3.80	3.01	0.15	0.34	0.68
3	5.49	4.84	4.84	3.90	3.10	0.16	0.36	0.72
4	5.47	4.82	4.82	3.87	3.07	0.16	0.35	0.71
5	6.87	6.23	6.23	5.28	4.48	0.29	0.63	1.27
6	9.35	8.70	8.70	7.76	6.96	0.51	1.13	2.26
7	6.86	6.05	6.05	4.86	3.87	0.20	0.45	0.89
8	8.48	7.67	7.67	6.49	5.49	0.35	0.77	1.54
9	11.68	10.87	10.87	9.69	8.69	0.64	1.41	2.82
10	6.75	5.94	5.94	4.76	3.76	0.19	0.43	0.85
11	6.14	5.32	5.32	4.11	3.10	0.13	0.29	0.57
12	6.21	5.37	5.37	4.15	3.12	0.13	0.29	0.57
13	6.70	5.96	5.96	4.88	3.97	0.22	0.50	0.99
14	7.18	6.36	6.36	5.15	4.14	0.22	0.50	0.99
15	9.24	8.42	8.42	7.21	6.20	0.41	0.91	1.81
16	9.31	8.48	8.48	7.25	6.22	0.41	0.91	1.81
17	8.78	7.96	7.96	6.75	5.74	0.37	0.82	1.63
18	11.38	10.54	10.54	9.32	8.29	0.59	1.32	2.64
21	7.13	5.88	5.88	4.06	2.52	N/A	N/A	N/A
22	5.25	4.53	4.53	3.47	2.58	0.10	0.22	0.45
23	5.08	4.36	4.36	3.30	2.41	0.09	0.19	0.38
24	5.13	4.30	4.30	3.08	2.05	0.03	0.07	0.15
25	5.50	4.67	4.67	3.45	2.43	0.07	0.15	0.30
26	8.47	7.54	7.54	6.18	5.03	0.28	0.63	1.26
27	7.30	6.09	6.09	4.32	2.82	0.03	0.07	0.15
28	6.74	5.73	5.73	4.27	3.03	0.09	0.20	0.40

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 030 ILLINOIS STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000) \$500 DED

RATE GROUP	PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIABILITY LIMIT		
	FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$ 500	\$1,000	\$2,000
1	\$4.50	\$3.94	\$3.94	\$3.12	\$2.43	\$0.12	\$0.26	\$0.52
2	6.98	6.05	6.05	4.70	3.56	0.15	0.34	0.68
3	7.07	6.14	6.14	4.79	3.65	0.16	0.36	0.72
4	7.05	6.12	6.12	4.77	3.63	0.16	0.35	0.71
5	8.45	7.53	7.53	6.18	5.04	0.29	0.63	1.27
6	10.93	10.00	10.00	8.65	7.51	0.51	1.13	2.26
7	8.83	7.67	7.67	5.99	4.56	0.20	0.45	0.89
8	10.45	9.30	9.30	7.61	6.19	0.35	0.77	1.54
9	13.65	12.50	12.50	10.81	9.39	0.64	1.41	2.82
10	8.72	7.57	7.57	5.88	4.45	0.19	0.43	0.85
11	8.15	6.97	6.97	5.26	3.81	0.13	0.29	0.57
12	8.25	7.06	7.06	5.31	3.84	0.13	0.29	0.57
13	8.50	7.45	7.45	5.90	4.60	0.22	0.50	0.99
14	9.19	8.02	8.02	6.30	4.85	0.22	0.50	0.99
15	11.25	10.08	10.08	8.36	6.91	0.41	0.91	1.81
16	11.35	10.16	10.16	8.41	6.94	0.41	0.91	1.81
17	10.79	9.62	9.62	7.90	6.45	0.37	0.82	1.63
18	13.41	12.22	12.22	10.48	9.01	0.59	1.32	2.64
21	10.18	8.39	8.39	5.79	3.59	N/A	N/A	N/A
22	7.01	5.98	5.98	4.47	3.20	0.10	0.22	0.45
23	6.84	5.81	5.81	4.30	3.03	0.09	0.19	0.38
24	7.16	5.97	5.97	4.24	2.77	0.03	0.07	0.15
25	7.54	6.35	6.35	4.61	3.14	0.07	0.15	0.30
26	10.74	9.41	9.41	7.47	5.83	0.28	0.63	1.26
27	10.26	8.53	8.53	6.00	3.87	0.03	0.07	0.15
28	9.18	7.75	7.75	5.66	3.89	0.09	0.20	0.40

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 040

ILLINOIS

STANDARD POLICY

BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)

\$500 DED

		PROTECTED				HIGHER LIABILITY LIMIT		
RATE		MAS		MAS	FIRE	(000)		
GROUP	FRAME	JST	N-C	N-C	RESIST	\$ 500	\$1,000	\$2,000
1	\$3.40	\$3.01	\$3.01	\$2.44	\$1.96	\$0.11	\$0.23	\$0.47
2	5.22	4.57	4.57	3.62	2.83	0.14	0.30	0.61
3	5.30	4.65	4.65	3.71	2.91	0.14	0.32	0.64
4	5.28	4.63	4.63	3.69	2.89	0.14	0.32	0.63
5	6.54	5.89	5.89	4.94	4.14	0.26	0.57	1.14
6	8.75	8.10	8.10	7.16	6.36	0.45	1.01	2.02
7	6.62	5.81	5.81	4.63	3.63	0.18	0.40	0.80
8	8.07	7.26	7.26	6.08	5.08	0.31	0.69	1.38
9	10.93	10.12	10.12	8.94	7.94	0.57	1.26	2.52
10	6.52	5.71	5.71	4.53	3.53	0.17	0.38	0.76
11	5.99	5.16	5.16	3.96	2.94	0.12	0.26	0.51
12	6.06	5.22	5.22	4.00	2.97	0.12	0.26	0.51
13	6.44	5.70	5.70	4.62	3.71	0.20	0.44	0.89
14	6.92	6.10	6.10	4.89	3.88	0.20	0.44	0.89
15	8.76	7.94	7.94	6.73	5.72	0.37	0.81	1.62
16	8.83	8.00	8.00	6.77	5.74	0.37	0.81	1.62
17	8.35	7.53	7.53	6.32	5.31	0.33	0.73	1.46
18	10.68	9.84	9.84	8.62	7.59	0.53	1.18	2.36
21	7.13	5.88	5.88	4.06	2.52	N/A	N/A	N/A
22	5.13	4.41	4.41	3.35	2.46	0.09	0.20	0.40
23	4.98	4.26	4.26	3.20	2.31	0.08	0.17	0.34
24	5.09	4.26	4.26	3.04	2.01	0.03	0.07	0.13
25	5.43	4.59	4.59	3.38	2.35	0.06	0.13	0.27
26	8.14	7.21	7.21	5.85	4.70	0.25	0.56	1.13
27	7.27	6.05	6.05	4.28	2.78	0.03	0.07	0.13
28	6.63	5.63	5.63	4.16	2.92	0.08	0.18	0.36

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 040

ILLINOIS

STANDARD POLICY

BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)

\$500 DED

PARTIALLY PROTECTED/UNPROTECTED						HIGHER LIABILITY LIMIT		
RATE	MAS			MAS	FIRE	(000)		
GROUP	FRAME	JST	N-C	N-C	RESIST	\$ 500	\$1,000	\$2,000
1	\$4.36	\$3.80	\$3.80	\$2.98	\$2.30	\$0.11	\$0.23	\$0.47
2	6.80	5.87	5.87	4.52	3.38	0.14	0.30	0.61
3	6.88	5.96	5.96	4.60	3.46	0.14	0.32	0.64
4	6.86	5.94	5.94	4.58	3.45	0.14	0.32	0.63
5	8.12	7.19	7.19	5.84	4.70	0.26	0.57	1.14
6	10.33	9.41	9.41	8.06	6.92	0.45	1.01	2.02
7	8.59	7.44	7.44	5.75	4.33	0.18	0.40	0.80
8	10.04	8.89	8.89	7.20	5.78	0.31	0.69	1.38
9	12.90	11.75	11.75	10.06	8.64	0.57	1.26	2.52
10	8.49	7.34	7.34	5.65	4.23	0.17	0.38	0.76
11	8.00	6.82	6.82	5.10	3.65	0.12	0.26	0.51
12	8.10	6.90	6.90	5.16	3.69	0.12	0.26	0.51
13	8.24	7.18	7.18	5.64	4.34	0.20	0.44	0.89
14	8.93	7.75	7.75	6.04	4.59	0.20	0.44	0.89
15	10.77	9.59	9.59	7.88	6.43	0.37	0.81	1.62
16	10.87	9.68	9.68	7.93	6.46	0.37	0.81	1.62
17	10.36	9.18	9.18	7.47	6.02	0.33	0.73	1.46
18	12.72	11.52	11.52	9.78	8.31	0.53	1.18	2.36
21	10.18	8.39	8.39	5.79	3.59	N/A	N/A	N/A
22	6.89	5.86	5.86	4.35	3.08	0.09	0.20	0.40
23	6.74	5.71	5.71	4.20	2.93	0.08	0.17	0.34
24	7.12	5.93	5.93	4.20	2.73	0.03	0.07	0.13
25	7.46	6.27	6.27	4.53	3.06	0.06	0.13	0.27
26	10.40	9.08	9.08	7.14	5.50	0.25	0.56	1.13
27	10.22	8.49	8.49	5.96	3.83	0.03	0.07	0.13
28	9.08	7.65	7.65	5.55	3.79	0.08	0.18	0.36

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 050	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 060	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 070	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 080	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 090

ILLINOIS

STANDARD POLICY

BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)

\$500 DED

		PROTECTED			HIGHER LIABILITY LIMIT			
RATE		MAS		MAS	FIRE	(000)		
GROUP	FRAME	JST	N-C	N-C	RESIST	\$ 500	\$1,000	\$2,000
1	\$3.02	\$2.68	\$2.68	\$2.18	\$1.75	\$0.10	\$0.21	\$0.43
2	4.62	4.06	4.06	3.23	2.52	0.12	0.28	0.55
3	4.70	4.13	4.13	3.30	2.60	0.13	0.29	0.58
4	4.68	4.11	4.11	3.28	2.58	0.13	0.29	0.57
5	5.82	5.25	5.25	4.42	3.72	0.23	0.52	1.03
6	7.83	7.26	7.26	6.43	5.73	0.41	0.92	1.83
7	5.87	5.16	5.16	4.12	3.25	0.16	0.36	0.73
8	7.18	6.48	6.48	5.44	4.56	0.28	0.63	1.25
9	9.78	9.07	9.07	8.04	7.16	0.52	1.15	2.29
10	5.78	5.07	5.07	4.03	3.16	0.16	0.35	0.69
11	5.29	4.57	4.57	3.51	2.62	0.10	0.23	0.47
12	5.35	4.62	4.62	3.55	2.64	0.10	0.23	0.47
13	5.71	5.06	5.06	4.12	3.32	0.18	0.40	0.80
14	6.14	5.42	5.42	4.36	3.47	0.18	0.40	0.80
15	7.81	7.09	7.09	6.03	5.14	0.33	0.74	1.47
16	7.87	7.14	7.14	6.07	5.16	0.33	0.74	1.47
17	7.44	6.71	6.71	5.66	4.77	0.30	0.66	1.32
18	9.55	8.81	8.81	7.74	6.84	0.48	1.07	2.14
21	6.25	5.16	5.16	3.56	2.21	N/A	N/A	N/A
22	4.53	3.90	3.90	2.97	2.19	0.08	0.18	0.36
23	4.39	3.76	3.76	2.83	2.05	0.07	0.15	0.31
24	4.47	3.74	3.74	2.68	1.78	0.03	0.06	0.12
25	4.78	4.05	4.05	2.98	2.08	0.05	0.12	0.24
26	7.22	6.41	6.41	5.21	4.21	0.23	0.51	1.03
27	6.38	5.32	5.32	3.76	2.45	0.03	0.06	0.12
28	5.84	4.96	4.96	3.68	2.59	0.07	0.16	0.33

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 100	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 110	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

TERRITORY 120

ILLINOIS

STANDARD POLICY

BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)

\$500 DED

		PROTECTED				HIGHER LIABILITY LIMIT		
RATE		MAS		MAS	FIRE	(000)		
GROUP	FRAME	JST	N-C	N-C	RESIST	\$ 500	\$1,000	\$2,000
1	\$2.92	\$2.59	\$2.59	\$2.12	\$1.72	\$0.10	\$0.21	\$0.43
2	4.45	3.91	3.91	3.13	2.46	0.12	0.28	0.55
3	4.52	3.99	3.99	3.20	2.54	0.13	0.29	0.58
4	4.51	3.97	3.97	3.18	2.52	0.13	0.29	0.57
5	5.65	5.11	5.11	4.32	3.66	0.23	0.52	1.03
6	7.66	7.12	7.12	6.33	5.67	0.41	0.92	1.83
7	5.65	4.98	4.98	4.00	3.17	0.16	0.36	0.73
8	6.97	6.30	6.30	5.31	4.49	0.28	0.63	1.25
9	9.56	8.89	8.89	7.91	7.08	0.52	1.15	2.29
10	5.56	4.89	4.89	3.91	3.08	0.16	0.35	0.69
11	5.07	4.39	4.39	3.39	2.54	0.10	0.23	0.47
12	5.13	4.43	4.43	3.42	2.56	0.10	0.23	0.47
13	5.51	4.90	4.90	4.00	3.25	0.18	0.40	0.80
14	5.92	5.23	5.23	4.23	3.39	0.18	0.40	0.80
15	7.59	6.90	6.90	5.90	5.06	0.33	0.74	1.47
16	7.65	6.95	6.95	5.94	5.08	0.33	0.74	1.47
17	7.21	6.53	6.53	5.53	4.69	0.30	0.66	1.32
18	9.32	8.63	8.63	7.61	6.76	0.48	1.07	2.14
21	5.92	4.88	4.88	3.37	2.09	N/A	N/A	N/A
22	4.34	3.74	3.74	2.86	2.12	0.08	0.18	0.36
23	4.20	3.60	3.60	2.72	1.98	0.07	0.15	0.31
24	4.25	3.56	3.56	2.55	1.70	0.03	0.06	0.12
25	4.55	3.86	3.86	2.85	2.00	0.05	0.12	0.24
26	6.97	6.20	6.20	5.07	4.12	0.23	0.51	1.03
27	6.06	5.05	5.05	3.58	2.33	0.03	0.06	0.12
28	5.57	4.74	4.74	3.52	2.49	0.07	0.16	0.33

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 130	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 140	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

TERRITORY 150	ILLINOIS	STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000)		\$500 DED

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

AMERICAN ASSOCIATION OF INSURANCE SERVICES
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TERRITORY 150 ILLINOIS STANDARD POLICY
BUSINESS PERSONAL PROPERTY LOSS COSTS (PER \$1,000) \$500 DED

RATE GROUP	PARTIALLY PROTECTED/UNPROTECTED					HIGHER LIABILITY LIMIT		
	FRAME	MAS JST	N-C	MAS N-C	FIRE RESIST	(000) \$ 500	\$1,000	\$2,000
1	\$4.60	\$4.05	\$4.05	\$3.23	\$2.54	\$0.13	\$0.28	\$0.57
2	7.12	6.19	6.19	4.84	3.70	0.17	0.37	0.74
3	7.22	6.29	6.29	4.94	3.80	0.17	0.39	0.78
4	7.19	6.27	6.27	4.92	3.78	0.17	0.38	0.77
5	8.71	7.79	7.79	6.44	5.30	0.31	0.69	1.37
6	11.39	10.47	10.47	9.12	7.98	0.55	1.22	2.45
7	9.01	7.86	7.86	6.17	4.75	0.22	0.48	0.97
8	10.77	9.62	9.62	7.93	6.50	0.38	0.84	1.67
9	14.23	13.08	13.08	11.39	9.97	0.69	1.53	3.06
10	8.89	7.74	7.74	6.05	4.63	0.21	0.46	0.92
11	8.27	7.09	7.09	5.37	3.92	0.14	0.31	0.62
12	8.37	7.17	7.17	5.43	3.96	0.14	0.31	0.62
13	8.70	7.65	7.65	6.11	4.81	0.24	0.54	1.07
14	9.40	8.22	8.22	6.50	5.05	0.24	0.54	1.07
15	11.62	10.45	10.45	8.73	7.28	0.44	0.98	1.96
16	11.72	10.53	10.53	8.79	7.32	0.44	0.98	1.96
17	11.13	9.95	9.95	8.23	6.78	0.40	0.88	1.77
18	13.96	12.77	12.77	11.02	9.55	0.64	1.43	2.86
21	10.18	8.39	8.39	5.79	3.59	N/A	N/A	N/A
22	7.10	6.07	6.07	4.56	3.29	0.11	0.24	0.48
23	6.92	5.89	5.89	4.38	3.11	0.09	0.21	0.41
24	7.19	6.00	6.00	4.27	2.80	0.04	0.08	0.16
25	7.60	6.41	6.41	4.67	3.21	0.07	0.16	0.32
26	11.00	9.67	9.67	7.73	6.09	0.31	0.68	1.37
27	10.30	8.56	8.56	6.03	3.90	0.04	0.08	0.16
28	9.27	7.84	7.84	5.74	3.97	0.10	0.22	0.43

ALL RATE GROUPS EXCEPT RATE GROUP 21 INCLUDE \$300,000 OF LIABILITY
COVERAGE AND \$5,000 PER PERSON MEDICAL PAYMENTS COVERAGE.

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ILLINOIS

SPECIAL POLICY PERSONAL PROPERTY CHARGE
LOSS COST RATING INFORMATION

TERRITORY: COOK COUNTY

		RATE GROUPS								
PERSONAL		1	2	3	4	5	6/7	8/9	10	0
PROPERTY LIMITS		Rate Groups 1-10 Include Theft Rate Group 0 Excludes Theft								
1-	10,000	\$88	\$98	\$114	\$163	\$183	\$225	\$328	\$455	\$4
10,000-	20,000	91	101	117	166	186	228	331	458	7
20,001-	30,000	95	105	121	170	190	232	335	462	11
30,001-	40,000	102	112	128	177	197	239	342	469	18
40,001-	50,000	106	116	132	181	201	243	346	473	22
50,001-	60,000	109	119	135	184	204	246	349	476	25
60,001-	70,000	113	123	139	188	208	250	353	480	29
70,001-	80,000	116	126	142	191	211	253	356	483	32
80,001-	90,000	120	130	146	195	215	257	360	487	36
90,001-	100,000	124	134	150	199	219	261	364	491	40
100,001-	110,000	133	143	159	208	228	270	373	500	49
110,001-	120,000	137	147	163	212	232	274	377	504	53
120,001-	130,000	140	150	166	215	235	277	380	507	56
130,001-	140,000	144	154	170	219	239	281	384	511	60
140,001-	150,000	147	157	173	222	242	284	387	514	63
150,001-	175,000	154	164	180	229	249	291	394	521	70
175,001-	200,000	164	174	190	239	259	301	404	531	80
200,001-	225,000	170	180	196	245	265	307	410	537	86
225,001-	250,000	179	189	205	254	274	316	419	546	95
250,001-	275,000	188	198	214	263	283	325	428	555	104
275,001-	300,000	199	209	225	274	294	336	439	566	115
EACH ADDITIONAL										
10,000		\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4
BASE AMOUNT:		Money and Securities				\$84				
		Burglary and Robbery				\$84				

AMERICAN ASSOCIATION OF INSURANCE SERVICES
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ILLINOIS

SPECIAL POLICY PERSONAL PROPERTY CHARGE
LOSS COST RATING INFORMATION

TERRITORY: ST. CLAIR COUNTY

		RATE GROUPS									
PERSONAL		1	2	3	4	5	6/7	8/9	10	0	
PROPERTY LIMITS		Rate Groups 1-10 Include Theft Rate Group 0 Excludes Theft									
1-	10,000	\$50	\$55	\$64	\$90	\$102	\$124	\$180	\$249	\$4	
10,000-	20,000	53	58	67	93	105	127	183	252	7	
20,001-	30,000	57	62	71	97	109	131	187	256	11	
30,001-	40,000	64	69	78	104	116	138	194	263	18	
40,001-	50,000	68	73	82	108	120	142	198	267	22	
50,001-	60,000	71	76	85	111	123	145	201	270	25	
60,001-	70,000	75	80	89	115	127	149	205	274	29	
70,001-	80,000	78	83	92	118	130	152	208	277	32	
80,001-	90,000	82	87	96	122	134	156	212	281	36	
90,001-	100,000	86	91	100	126	138	160	216	285	40	
100,001-	110,000	95	100	109	135	147	169	225	294	49	
110,001-	120,000	99	104	113	139	151	173	229	298	53	
120,001-	130,000	102	107	116	142	154	176	232	301	56	
130,001-	140,000	106	111	120	146	158	180	236	305	60	
140,001-	150,000	109	114	123	149	161	183	239	308	63	
150,001-	175,000	116	121	130	156	168	190	246	315	70	
175,001-	200,000	126	131	140	166	178	200	256	325	80	
200,001-	225,000	132	137	146	172	184	206	262	331	86	
225,001-	250,000	141	146	155	181	193	215	271	340	95	
250,001-	275,000	150	155	164	190	202	224	280	349	104	
275,001-	300,000	161	166	175	201	213	235	291	360	115	
EACH ADDITIONAL											
10,000		\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	
BASE AMOUNT:		Money and Securities				\$46					
		Burglary and Robbery				\$46					

AMERICAN ASSOCIATION OF INSURANCE SERVICES
BUSINESSOWNERS MANUAL

ILLINOIS

SPECIAL POLICY PERSONAL PROPERTY CHARGE
LOSS COST RATING INFORMATION

TERRITORY: BALANCE OF STATE

		RATE GROUPS								
PERSONAL		1	2	3	4	5	6/7	8/9	10	0
PROPERTY LIMITS		Rate Groups 1-10 Include Theft Rate Group 0 Excludes Theft								
1-	10,000	\$42	\$47	\$54	\$76	\$86	\$105	\$152	\$210	\$4
10,000-	20,000	45	50	57	79	89	108	155	213	7
20,001-	30,000	49	54	61	83	93	112	159	217	11
30,001-	40,000	56	61	68	90	100	119	166	224	18
40,001-	50,000	60	65	72	94	104	123	170	228	22
50,001-	60,000	63	68	75	97	107	126	173	231	25
60,001-	70,000	67	72	79	101	111	130	177	235	29
70,001-	80,000	70	75	82	104	114	133	180	238	32
80,001-	90,000	74	79	86	108	118	137	184	242	36
90,001-	100,000	78	83	90	112	122	141	188	246	40
100,001-	110,000	87	92	99	121	131	150	197	255	49
110,001-	120,000	91	96	103	125	135	154	201	259	53
120,001-	130,000	94	99	106	128	138	157	204	262	56
130,001-	140,000	98	103	110	132	142	161	208	266	60
140,001-	150,000	101	106	113	135	145	164	211	269	63
150,001-	175,000	108	113	120	142	152	171	218	276	70
175,001-	200,000	118	123	130	152	162	181	228	286	80
200,001-	225,000	124	129	136	158	168	187	234	292	86
225,001-	250,000	133	138	145	167	177	196	243	301	95
250,001-	275,000	142	147	154	176	186	205	252	310	104
275,001-	300,000	153	158	165	187	197	216	263	321	115
EACH ADDITIONAL 10,000		\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4	\$4
BASE AMOUNT:		Money and Securities				\$38				
		Burglary and Robbery				\$38				

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 LOSS COST RATING INFORMATION

RESTAURANT LIABILITY LOSS COST RATING INFORMATION

Insured-Operated Rating Information

(per \$1,000 of gross sales)

<u>Territory</u>	Each Occurrence Limit			
	\$300,000	\$500,000	\$1,000,000	\$2,000,000
	(Includes \$5,000 Med Pay)			
010, 050, 100	\$3.12	\$3.56	\$4.18	\$4.92
020	4.75	5.41	6.35	7.49
030, 070, 130	5.47	6.23	7.31	8.63
040, 060, 110	4.63	5.26	6.18	7.29
080, 150	3.99	4.54	5.33	6.29
090, 120	2.40	2.74	3.21	3.78
140	3.69	4.20	4.93	5.82

Lessor's Risk Rating Information

(per 1,000 square feet)

<u>Territory</u>	Each Occurrence Limit			
	\$300,000	\$500,000	\$1,000,000	\$2,000,000
	(Includes \$5,000 Med Pay)			
010, 050, 100	\$21.45	\$24.32	\$28.54	\$33.77
020	54.62	61.93	72.68	86.02
030, 070, 130	34.27	38.86	45.61	53.98
040, 060, 110	27.74	31.45	36.91	43.68
080, 150	27.28	30.93	36.30	42.96
090, 120	32.69	37.07	43.50	51.48
140	37.51	42.53	49.91	59.07

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ILLINOIS
LOSS COST RATING INFORMATION

RULE

3.15 Conditional Rules

	Rating Information
3.15.2 Nonconforming Home Repair and Remodeling Liability Coverage	(Loss Cost) \$60.00

8.12 Earthquake

		Rating Information			
Earthquake		(per \$1,000 of coverage)			
Classification	Bldg.	Earthquake	Pers	Prop.	Rate Group
		1	2	3	4
Zone 1					
1C, 2A	\$0.008	\$0.132	\$0.066	\$0.044	\$0.033
1D, 2B	0.038	0.132	0.066	0.044	0.033
3A, 4A, 5A	0.139	0.132	0.066	0.044	0.033
4D, 5AA	0.167	0.132	0.066	0.044	0.033
4B	0.176	0.132	0.066	0.044	0.033
4C	0.312	0.264	0.132	0.088	0.066
3B	0.329	0.264	0.132	0.088	0.066
5B	0.349	0.264	0.132	0.088	0.066
5C, 5D	0.491	0.528	0.264	0.187	0.132
Zone 2					
1C, 2A	\$0.074	\$0.550	\$0.275	\$0.198	\$0.143
1D, 2B	0.238	0.550	0.275	0.198	0.143
3A, 4A, 5A	0.660	0.550	0.275	0.198	0.143
4D, 5AA	0.788	0.550	0.275	0.198	0.143
4B	0.829	0.550	0.275	0.198	0.143
4C	1.317	1.100	0.550	0.385	0.275
3B	1.387	1.100	0.550	0.385	0.275
5B	1.443	1.100	0.550	0.385	0.275
5C, 5D	1.981	2.200	1.100	0.770	0.550
Zone 3					
1C, 2A	\$0.240	\$1.144	\$0.572	\$0.396	\$0.286
1D, 2B	0.525	1.144	0.572	0.396	0.286
3A, 4A, 5A	1.230	1.144	0.572	0.396	0.286
4D, 5AA	1.447	1.144	0.572	0.396	0.286
4B	1.523	1.144	0.572	0.396	0.286
4C	2.182	2.288	1.144	0.803	0.572
3B	2.297	2.288	1.144	0.803	0.572
5B	2.444	2.288	1.144	0.803	0.572
5C, 5D	3.245	4.576	2.288	1.606	1.144

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 ILLINOIS
 LOSS COST RATING INFORMATION

RULE

8.12 Earthquake (cont.)

Earthquake
 Classification

Rating Information

(per \$1,000 of coverage)

	Bldg.	Earthquake	Pers	Prop.	Rate	Group
		1	2	3	4	
Zone 4						
1C, 2A	\$0.694	\$2.288	\$1.144	\$0.803	\$0.572	
1D, 2B	1.086	2.288	1.144	0.803	0.572	
3A, 4A, 5A	2.104	2.288	1.144	0.803	0.572	
4D, 5AA	2.376	2.288	1.144	0.803	0.572	
4B	2.501	2.288	1.144	0.803	0.572	
4C	3.047	4.576	2.288	1.606	1.144	
3B	3.208	4.576	2.288	1.606	1.144	
5B	3.390	4.576	2.288	1.606	1.144	
5C, 5D	4.161	9.152	4.576	3.201	2.288	

Rating Information

8.23 Outdoor Signs

(per \$1,000 of coverage)

\$17.97

8.27 Sprinkler Leakage Earthquake Extension

Rating Information

(per \$1,000 of coverage)

Earthquake
 Classification

Sprinkler Leakage

	Building	Pers	Prop	Rate	Group
		l	m	h	
Zones 1-3					
1C, 2A	\$0.025	\$0.018	\$0.027	\$0.035	
1D, 2B	0.081	0.018	0.027	0.035	
3A, 4A, 5A	0.224	0.018	0.027	0.035	
4D, 5AA	0.267	0.018	0.027	0.035	
4B	0.282	0.018	0.027	0.035	
4C	0.447	0.036	0.053	0.071	
3B	0.471	0.036	0.053	0.071	
5B	0.490	0.036	0.053	0.071	
5C, 5D	0.673	0.071	0.107	0.142	

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RULE

8.27 Sprinkler Leakage Earthquake Extension

Rating Information
 (per \$1,000 of coverage)

Earthquake Classification	Sprinkler Leakage			
	Building	Pers	Prop	Rate Group
Zone 4		l	m	h
1C,2A	\$0.135	\$0.186	\$0.277	\$0.369
1D,2B	0.211	0.186	0.277	0.369
3A,4A,5A	0.408	0.186	0.277	0.369
4D,5AA	0.461	0.186	0.277	0.369
4B	0.485	0.186	0.277	0.369
4C	0.591	0.372	0.555	0.738
3B	0.622	0.372	0.555	0.738
5B	0.658	0.372	0.555	0.738
5C,5D	0.807	0.743	1.110	1.476

Do not apply masonry veneer factors to the sprinkler leakage earthquake extension.

9.13 Employment Practices Liability -- Coverage F

Retail Risks (Rate Groups 11 - 18)

No. of Employees	(Per Claim And Aggregate Limit; ,000's omitted)					
	<u>\$25</u>	<u>\$50</u>	<u>\$100</u>	<u>\$300</u>	<u>\$500</u>	<u>\$1,000</u>
1 thru 25						
Flat Charge:	N/A	N/A	N/A	N/A	N/A	N/A
Per Employee Charge:	\$30	\$36	\$44	\$56	\$63	\$69
26 thru 50						
Flat Charge:	\$750	\$900	\$1,100	\$1,400	\$1,575	\$1,725
Per Employee Charge:	\$25	\$30	\$36	\$46	\$52	\$57
51 thru 100						
Flat Charge:	\$1,375	\$1,650	\$2,000	\$2,550	\$2,875	\$3,150
Per Employee Charge:	\$16	\$20	\$24	\$31	\$35	\$38
More than 100	Refer To Company					

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 ILLINOIS
 LOSS COST RATING INFORMATION

RULE

9.13 Employment Practices Liability -- Coverage F (cont.)

Service Risks and Restaurants (Rate Groups 2 - 10 and 21)

No. of Employees	(Per Claim And Aggregate Limit; ,000's omitted)					
	<u>\$25</u>	<u>\$50</u>	<u>\$100</u>	<u>\$300</u>	<u>\$500</u>	<u>\$1,000</u>
1 thru 25						
Flat Charge:	N/A	N/A	N/A	N/A	N/A	N/A
Per Employee Charge:	\$48	\$57	\$69	\$89	\$100	\$109
26 thru 50						
Flat Charge:	\$1,200	\$1,425	\$1,725	\$2,225	\$2,500	\$2,725
Per Employee Charge:	\$39	\$47	\$57	\$72	\$82	\$90
51 thru 100						
Flat Charge:	\$2,175	\$2,600	\$3,150	\$4,025	\$4,550	\$4,975
Per Employee Charge:	\$26	\$31	\$38	\$48	\$55	\$60
More than 100	Refer To Company					

Office/Habitational, Warehouse, and Wholesale Risks
 (Rate Groups 1, 19-20, and 22-29)

No. of Employees	(Per Claim And Aggregate Limit; ,000's omitted)					
	<u>\$25</u>	<u>\$50</u>	<u>\$100</u>	<u>\$300</u>	<u>\$500</u>	<u>\$1,000</u>
1 thru 25						
Flat Charge:	N/A	N/A	N/A	N/A	N/A	N/A
Per Employee Charge:	\$69	\$83	\$101	\$128	\$145	\$159
26 thru 50						
Flat Charge:	\$1,725	\$2,075	\$2,525	\$3,200	\$3,625	\$3,975
Per Employee Charge:	\$57	\$68	\$82	\$105	\$119	\$130
51 thru 100						
Flat Charge:	\$3,150	\$3,775	\$4,575	\$5,825	\$6,600	\$7,225
Per Employee Charge:	\$38	\$45	\$55	\$70	\$79	\$87
More than 100	Refer To Company					

AMERICAN ASSOCIATION OF INSURANCE SERVICES EARTHQUAKE SUPPLEMENT

ILLINOIS

Earthquake rating zones are determined on the basis of ZIP code.

The Numerical ZIP Code Listing provided by this Supplement includes the earthquake rating zone assignment and the United States Postal Service (USPS) name for each ZIP code listed. The Earthquake Rating Zone Listing provided by this Supplement is a cross-reference that identifies the ZIP codes assigned to each earthquake rating zone.

The earthquake rating zone determined for each risk should reflect the risk's physical location, rather than its mailing address.

ZIP Code Changes

The earthquake rating zone assignments may change over time to reflect ZIP code changes implemented by the United States Postal Service. When a ZIP code is not listed in this Supplement, use the earthquake zone assignment for the ZIP code previously associated with the physical location of the risk.

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
60001	1	ALDEN	60060	1	MUNDELEIN
60002	1	ANTIOCH	60061	1	VERNON HILLS
60004	1	ARLINGTON HEIGHTS	60062	1	NORTHBROOK
60005	1	ARLINGTON HEIGHTS	60064	1	NORTH CHICAGO
60006	1	ARLINGTON HEIGHTS	60065	1	NORTHBROOK
60007	1	ELK GROVE VILLAGE	60067	1	PALATINE
60008	1	ROLLING MEADOWS	60068	1	PARK RIDGE
60009	1	ELK GROVE VILLAGE	60069	1	LINCOLNSHIRE
60010	1	BARRINGTON	60070	1	PROSPECT HEIGHTS
60011	1	BARRINGTON	60071	1	RICHMOND
60012	1	CRYSTAL LAKE	60072	1	RINGWOOD
60013	1	CARY	60073	1	ROUND LAKE
60014	1	CRYSTAL LAKE	60074	1	PALATINE
60015	1	DEERFIELD	60075	1	RUSSELL
60016	1	DES PLAINES	60076	1	SKOKIE
60017	1	DES PLAINES	60077	1	SKOKIE
60018	1	DES PLAINES	60078	1	PALATINE
60019	1	DES PLAINES	60079	1	WAUKEGAN
60020	1	FOX LAKE	60081	1	SPRING GROVE
60021	1	FOX RIVER GROVE	60082	1	TECHNY
60022	1	GLENCOE	60083	1	WADSWORTH
60025	1	GLENVIEW	60084	1	WAUCONDA
60026	1	GLENVIEW	60085	1	WAUKEGAN
60029	1	GOLF	60086	1	NORTH CHICAGO
60030	1	GRAYSLAKE	60087	1	WAUKEGAN
60031	1	GURNEE	60088	1	GREAT LAKES
60033	1	HARVARD	60089	1	BUFFALO GROVE
60034	1	HEBRON	60090	1	WHEELING
60035	1	HIGHLAND PARK	60091	1	WILMETTE
60037	1	FORT SHERIDAN	60092	1	LIBERTYVILLE
60038	1	PALATINE	60093	1	WINNETKA
60039	1	CRYSTAL LAKE	60094	1	PALATINE
60040	1	HIGHWOOD	60095	1	PALATINE
60041	1	INGLESIDE	60096	1	WINTHROP HARBOR
60042	1	ISLAND LAKE	60097	1	WONDER LAKE
60043	1	KENILWORTH	60098	1	WOODSTOCK
60044	1	LAKE BLUFF	60099	1	ZION
60045	1	LAKE FOREST	60101	1	ADDISON
60046	1	LAKE VILLA	60102	1	ALGONQUIN
60047	1	LAKE ZURICH	60103	1	BARTLETT
60048	1	LIBERTYVILLE	60104	1	BELLWOOD
60049	1	LONG GROVE	60106	1	BENSENVILLE
60050	1	MCHENRY	60107	1	STREAMWOOD
60051	1	MCHENRY	60108	1	BLOOMINGDALE
60053	1	MORTON GROVE	60109	1	BURLINGTON
60055	1	PALATINE	60110	1	CARPENTERSVILLE
60056	1	MOUNT PROSPECT	60111	1	CLARE

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
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NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
60112	1	CORTLAND	60165	1	STONE PARK
60113	1	CRESTON	60168	1	SCHAUMBURG
60115	1	DEKALB	60170	1	PLATO CENTER
60116	1	CAROL STREAM	60171	1	RIVER GROVE
60117	1	BLOOMINGDALE	60172	1	ROSELLE
60118	1	DUNDEE	60173	1	SCHAUMBURG
60119	1	ELBURN	60174	1	SAINT CHARLES
60120	1	ELGIN	60175	1	SAINT CHARLES
60121	1	ELGIN	60176	1	SCHILLER PARK
60123	1	ELGIN	60177	1	SOUTH ELGIN
60125	1	CAROL STREAM	60178	1	SYCAMORE
60126	1	ELMHURST	60179	1	HOFFMAN ESTATES
60128	1	CAROL STREAM	60180	1	UNION
60129	1	ESMOND	60181	1	VILLA PARK
60130	1	FOREST PARK	60183	1	WASCO
60131	1	FRANKLIN PARK	60184	1	WAYNE
60132	1	CAROL STREAM	60185	1	WEST CHICAGO
60133	1	HANOVER PARK	60186	1	WEST CHICAGO
60134	1	GENEVA	60187	1	WHEATON
60135	1	GENOA	60188	1	CAROL STREAM
60136	1	GILBERTS	60189	1	WHEATON
60137	1	GLEN ELLYN	60190	1	WINFIELD
60138	1	GLEN ELLYN	60191	1	WOOD DALE
60139	1	GLENDALE HEIGHTS	60192	1	SCHAUMBURG
60140	1	HAMPSHIRE	60193	1	SCHAUMBURG
60141	1	HINES	60194	1	SCHAUMBURG
60142	1	HUNTLEY	60195	1	SCHAUMBURG
60143	1	ITASCA	60196	1	SCHAUMBURG
60144	1	KANEVILLE	60197	1	CAROL STREAM
60145	1	KINGSTON	60199	1	CAROL STREAM
60146	1	KIRKLAND	60201	1	EVANSTON
60147	1	LAFOX	60202	1	EVANSTON
60148	1	LOMBARD	60203	1	EVANSTON
60150	1	MALTA	60204	1	EVANSTON
60151	1	MAPLE PARK	60208	1	EVANSTON
60152	1	MARENGO	60209	1	EVANSTON
60153	1	MAYWOOD	60296	1	MCHENRY
60154	1	WESTCHESTER	60297	1	MCHENRY
60155	1	BROADVIEW	60301	1	OAK PARK
60156	1	LAKE IN THE HILLS	60302	1	OAK PARK
60157	1	MEDINAH	60303	1	OAK PARK
60159	1	SCHAUMBURG	60304	1	OAK PARK
60160	1	MELROSE PARK	60305	1	RIVER FOREST
60161	1	MELROSE PARK	60398	1	FRANKLIN PARK
60162	1	HILLSIDE	60399	1	BENSENVILLE
60163	1	BERKELEY	60401	1	BEECHER
60164	1	MELROSE PARK	60402	1	BERWYN

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
60406	1	BLUE ISLAND	60457	1	HICKORY HILLS
60407	1	BRACEVILLE	60458	1	JUSTICE
60408	1	BRAIDWOOD	60459	1	BURBANK
60409	1	CALUMET CITY	60460	1	ODELL
60410	1	CHANNAHON	60461	1	OLYMPIA FIELDS
60411	1	CHICAGO HEIGHTS	60462	1	ORLAND PARK
60412	1	CHICAGO HEIGHTS	60463	1	PALOS HEIGHTS
60415	1	CHICAGO RIDGE	60464	1	PALOS PARK
60416	1	COAL CITY	60465	1	PALOS HILLS
60417	1	CRETE	60466	1	PARK FOREST
60419	1	DOLTON	60467	1	ORLAND PARK
60420	1	DWIGHT	60468	1	PEOTONE
60421	1	ELWOOD	60469	1	POSEN
60422	1	FLOSSMOOR	60470	1	RANSOM
60423	1	FRANKFORT	60471	1	RIGHTON PARK
60424	1	GARDNER	60472	1	ROBBINS
60425	1	GLENWOOD	60473	1	SOUTH HOLLAND
60426	1	HARVEY	60474	1	SOUTH WILMINGTON
60428	1	MARKHAM	60475	1	STEGER
60429	1	HAZEL CREST	60476	1	THORNTON
60430	1	HOMEWOOD	60477	1	TINLEY PARK
60431	1	JOLIET	60478	1	COUNTRY CLUB HILLS
60432	1	JOLIET	60479	1	VERONA
60433	1	JOLIET	60480	1	WILLOW SPRINGS
60434	1	JOLIET	60481	1	WILMINGTON
60435	1	JOLIET	60482	1	WORTH
60436	1	JOLIET	60490	1	BOLINGBROOK
60437	1	KINSMAN	60491	1	HOMER GLEN
60438	1	LANSING	60499	1	BEDFORD PARK
60439	1	LEMONT	60501	1	SUMMIT ARGO
60440	1	BOLINGBROOK	60504	1	AURORA
60441	1	LOCKPORT	60505	1	AURORA
60442	1	MANHATTAN	60506	1	AURORA
60443	1	MATTESON	60507	1	AURORA
60444	1	MAZON	60510	1	BATAVIA
60445	1	MIDLOTHIAN	60511	1	BIG ROCK
60446	1	ROMEOVILLE	60512	1	BRISTOL
60447	1	MINOOKA	60513	1	BROOKFIELD
60448	1	MOKENA	60514	1	CLARENDON HILLS
60449	1	MONEE	60515	1	DOWNERS GROVE
60450	1	MORRIS	60516	1	DOWNERS GROVE
60451	1	NEW LENOX	60517	1	WOODRIDGE
60452	1	OAK FOREST	60518	1	EARLVILLE
60453	1	OAK LAWN	60519	1	EOLA
60454	1	OAK LAWN	60520	1	HINCKLEY
60455	1	BRIDGEVIEW	60521	1	HINSDALE
60456	1	HOMETOWN	60522	1	HINSDALE

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
60523	1	OAK BROOK	60604	1	CHICAGO
60525	1	LA GRANGE	60605	1	CHICAGO
60526	1	LA GRANGE PARK	60606	1	CHICAGO
60527	1	WILLOWBROOK	60607	1	CHICAGO
60530	1	LEE	60608	1	CHICAGO
60531	1	LELAND	60609	1	CHICAGO
60532	1	LISLE	60610	1	CHICAGO
60534	1	LYONS	60611	1	CHICAGO
60536	1	MILLBROOK	60612	1	CHICAGO
60537	1	MILLINGTON	60613	1	CHICAGO
60538	1	MONTGOMERY	60614	1	CHICAGO
60539	1	MOOSEHEART	60615	1	CHICAGO
60540	1	NAPERVILLE	60616	1	CHICAGO
60541	1	NEWARK	60617	1	CHICAGO
60542	1	NORTH AURORA	60618	1	CHICAGO
60543	1	OSWEGO	60619	1	CHICAGO
60544	1	PLAINFIELD	60620	1	CHICAGO
60545	1	PLANO	60621	1	CHICAGO
60546	1	RIVERSIDE	60622	1	CHICAGO
60548	1	SANDWICH	60623	1	CHICAGO
60549	1	SERENA	60624	1	CHICAGO
60550	1	SHABBONA	60625	1	CHICAGO
60551	1	SHERIDAN	60626	1	CHICAGO
60552	1	SOMONAUK	60628	1	CHICAGO
60553	1	STEWART	60629	1	CHICAGO
60554	1	SUGAR GROVE	60630	1	CHICAGO
60555	1	WARRENVILLE	60631	1	CHICAGO
60556	1	WATERMAN	60632	1	CHICAGO
60557	1	WEDRON	60633	1	CHICAGO
60558	1	WESTERN SPRINGS	60634	1	CHICAGO
60559	1	WESTMONT	60636	1	CHICAGO
60560	1	YORKVILLE	60637	1	CHICAGO
60561	1	DARIEN	60638	1	CHICAGO
60563	1	NAPERVILLE	60639	1	CHICAGO
60564	1	NAPERVILLE	60640	1	CHICAGO
60565	1	NAPERVILLE	60641	1	CHICAGO
60566	1	NAPERVILLE	60643	1	CHICAGO
60567	1	NAPERVILLE	60644	1	CHICAGO
60568	1	AURORA	60645	1	CHICAGO
60570	1	HINSDALE	60646	1	CHICAGO
60572	1	AURORA	60647	1	CHICAGO
60597	1	FOX VALLEY	60649	1	CHICAGO
60598	1	AURORA	60651	1	CHICAGO
60599	1	FOX VALLEY	60652	1	CHICAGO
60601	1	CHICAGO	60653	1	CHICAGO
60602	1	CHICAGO	60654	1	CHICAGO
60603	1	CHICAGO	60655	1	CHICAGO

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
60656	1	CHICAGO	60914	1	BOURBONNAIS
60657	1	CHICAGO	60915	1	BRADLEY
60659	1	CHICAGO	60917	1	BUCKINGHAM
60660	1	CHICAGO	60918	1	BUCKLEY
60661	1	CHICAGO	60919	1	CABERY
60663	1	CHICAGO	60920	1	CAMPUS
60664	1	CHICAGO	60921	1	CHATSWORTH
60666	1	AMF OHARE	60922	1	CHEBANSE
60668	1	CHICAGO	60924	1	CISSNA PARK
60670	1	CHICAGO	60926	1	CLAYTONVILLE
60673	1	CHICAGO	60927	1	CLIFTON
60674	1	CHICAGO	60928	1	CRESCENT CITY
60675	1	CHICAGO	60929	1	CULLOM
60677	1	CHICAGO	60930	1	DANFORTH
60678	1	CHICAGO	60931	1	DONOVAN
60679	1	CHICAGO	60932	1	EAST LYNN
60680	1	CHICAGO	60933	1	ELLIOTT
60681	1	CHICAGO	60934	1	EMINGTON
60682	1	CHICAGO	60935	1	ESSEX
60684	1	CHICAGO	60936	1	GIBSON CITY
60685	1	CHICAGO	60938	1	GILMAN
60686	1	CHICAGO	60939	1	GOODWINE
60687	1	CHICAGO	60940	1	GRANT PARK
60688	1	CHICAGO	60941	1	HERSCHER
60689	1	CHICAGO	60942	1	HOOPESTON
60690	1	CHICAGO	60944	1	HOPKINS PARK
60691	1	CHICAGO	60945	1	IROQUOIS
60693	1	CHICAGO	60946	1	KEMPTON
60694	1	CHICAGO	60948	1	LODA
60695	1	CHICAGO	60949	1	LUDLOW
60696	1	CHICAGO	60950	1	MANTENO
60697	1	CHICAGO	60951	1	MARTINTON
60699	1	CHICAGO	60952	1	MELVIN
60701	1	CHICAGO	60953	1	MILFORD
60706	1	HARWOOD HEIGHTS	60954	1	MOMENCE
60707	1	ELMWOOD PARK	60955	1	ONARGA
60712	1	LINCOLNWOOD	60956	1	PAPINEAU
60714	1	NILES	60957	1	PAXTON
60803	1	ALSIP	60959	1	PIPER CITY
60804	1	CICERO	60960	1	RANKIN
60805	1	EVERGREEN PARK	60961	1	REDDICK
60827	1	RIVERDALE	60962	1	ROBERTS
60901	1	KANKAKEE	60963	1	ROSSVILLE
60910	1	AROMA PARK	60964	1	SAINT ANNE
60911	1	ASHKUM	60966	1	SHELDON
60912	1	BEAVERVILLE	60967	1	STOCKLAND
60913	1	BONFIELD	60968	1	THAWVILLE

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
60969	1	UNION HILL	61061	1	OREGON
60970	1	WATSEKA	61062	1	PEARL CITY
60973	1	WELLINGTON	61063	1	PECATONICA
60974	1	WOODLAND	61064	1	POLO
61001	1	APPLE RIVER	61065	1	POPLAR GROVE
61006	1	ASHTON	61067	1	RIDOTT
61007	1	BAILEYVILLE	61068	1	ROCHELLE
61008	1	BELVIDERE	61070	1	ROCK CITY
61010	1	BYRON	61071	1	ROCK FALLS
61011	1	CALEDONIA	61072	1	ROCKTON
61012	1	CAPRON	61073	1	ROSCOE
61013	1	CEDARVILLE	61074	1	SAVANNA
61014	1	CHADWICK	61075	1	SCALES MOUND
61015	1	CHANA	61077	1	SEWARD
61016	1	CHERRY VALLEY	61078	1	SHANNON
61018	1	DAKOTA	61079	1	SHIRLAND
61019	1	DAVIS	61080	1	SOUTH BELOIT
61020	1	DAVIS JUNCTION	61081	1	STERLING
61021	1	DIXON	61084	1	STILLMAN VALLEY
61024	1	DURAND	61085	1	STOCKTON
61025	1	EAST DUBUQUE	61087	1	WARREN
61027	1	ELEROY	61088	1	WINNEBAGO
61028	1	ELIZABETH	61089	1	WINSLOW
61030	1	FORRESTON	61091	1	WOOSUNG
61031	1	FRANKLIN GROVE	61101	1	ROCKFORD
61032	1	FREEPORT	61102	1	ROCKFORD
61036	1	GALENA	61103	1	ROCKFORD
61037	1	GALT	61104	1	ROCKFORD
61038	1	GARDEN PRAIRIE	61105	1	ROCKFORD
61039	1	GERMAN VALLEY	61106	1	ROCKFORD
61041	1	HANOVER	61107	1	ROCKFORD
61042	1	HARMON	61108	1	ROCKFORD
61043	1	HOLCOMB	61109	1	ROCKFORD
61044	1	KENT	61110	1	ROCKFORD
61046	1	LANARK	61111	1	LOVES PARK
61047	1	LEAF RIVER	61112	1	ROCKFORD
61048	1	LENA	61114	1	ROCKFORD
61049	1	LINDENWOOD	61115	1	MACHESNEY PARK
61050	1	MC CONNELL	61125	1	ROCKFORD
61051	1	MILLEDGEVILLE	61126	1	ROCKFORD
61052	1	MONROE CENTER	61130	1	LOVES PARK
61053	1	MOUNT CARROLL	61131	1	LOVES PARK
61054	1	MOUNT MORRIS	61132	1	LOVES PARK
61057	1	NACHUSA	61201	1	ROCK ISLAND
61058	1	NELSON	61204	1	ROCK ISLAND
61059	1	NORA	61230	1	ALBANY
61060	1	ORANGEVILLE	61231	1	ALEDO

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
61232	1	ANDALUSIA	61313	1	BLACKSTONE
61233	1	ANDOVER	61314	1	BUDA
61234	1	ANNAWAN	61315	1	BUREAU
61235	1	ATKINSON	61316	1	CEDAR POINT
61236	1	BARSTOW	61317	1	CHERRY
61237	1	BUFFALO PRAIRIE	61318	1	COMPTON
61238	1	CAMBRIDGE	61319	1	CORNELL
61239	1	CARBON CLIFF	61320	1	DALZELL
61240	1	COAL VALLEY	61321	1	DANA
61241	1	COLONA	61322	1	DEPUE
61242	1	CORDOVA	61323	1	DOVER
61243	1	DEER GROVE	61324	1	ELDENA
61244	1	EAST MOLINE	61325	1	GRAND RIDGE
61250	1	ERIE	61326	1	GRANVILLE
61251	1	FENTON	61327	1	HENNEPIN
61252	1	FULTON	61328	1	KASBEER
61254	1	GENESEO	61329	1	LADD
61256	1	HAMPTON	61330	1	LA MOILLE
61257	1	HILLSDALE	61331	1	LEE CENTER
61258	1	HOOPPOLE	61332	1	LEONORE
61259	1	ILLINOIS CITY	61333	1	LONG POINT
61260	1	JOY	61334	1	LOSTANT
61261	1	LYNDON	61335	1	MC NABB
61262	1	LYNN CENTER	61336	1	MAGNOLIA
61263	1	MATHERVILLE	61337	1	MALDEN
61264	1	MILAN	61338	1	MANLIUS
61265	1	MOLINE	61340	1	MARK
61266	1	MOLINE	61341	1	MARSEILLES
61270	1	MORRISON	61342	1	MENDOTA
61272	1	NEW BOSTON	61344	1	MINERAL
61273	1	ORION	61345	1	NEPONSET
61274	1	OSCO	61346	1	NEW BEDFORD
61275	1	PORT BYRON	61348	1	OGLESBY
61276	1	PREEMPTION	61349	1	OHIO
61277	1	PROPHETSTOWN	61350	1	OTTAWA
61278	1	RAPIDS CITY	61353	1	PAW PAW
61279	1	REYNOLDS	61354	1	PERU
61281	1	SHERRARD	61356	1	PRINCETON
61282	1	SILVIS	61358	1	RUTLAND
61283	1	TAMPICO	61359	1	SEATONVILLE
61284	1	TAYLOR RIDGE	61360	1	SENECA
61285	1	THOMSON	61361	1	SHEFFIELD
61299	1	ROCK ISLAND	61362	1	SPRING VALLEY
61301	1	LA SALLE	61363	1	STANDARD
61310	1	AMBOY	61364	1	STREATOR
61311	1	ANCONA	61367	1	SUBLETTE
61312	1	ARLINGTON	61368	1	TISKILWA

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
61369	1	TOLUCA	61448	1	KNOXVILLE
61370	1	TONICA	61449	1	LA FAYETTE
61371	1	TRIUMPH	61450	1	LA HARPE
61372	1	TROY GROVE	61451	1	LAURA
61373	1	UTICA	61452	1	LITTLETON
61374	1	VAN ORIN	61453	1	LITTLE YORK
61375	1	VARNA	61454	1	LOMAX
61376	1	WALNUT	61455	1	MACOMB
61377	1	WENONA	61458	1	MAQUON
61378	1	WEST BROOKLYN	61459	1	MARIETTA
61379	1	WYANET	61460	1	MEDIA
61401	1	GALESBURG	61462	1	MONMOUTH
61402	1	GALESBURG	61465	1	NEW WINDSOR
61410	1	ABINGDON	61466	1	NORTH HENDERSON
61411	1	ADAIR	61467	1	ONEIDA
61412	1	ALEXIS	61468	1	OPHIEM
61413	1	ALPHA	61469	1	OQUAWKA
61414	1	ALTONA	61470	1	PRAIRIE CITY
61415	1	AVON	61471	1	RARITAN
61416	1	BARDOLPH	61472	1	RIO
61417	1	BERWICK	61473	1	ROSEVILLE
61418	1	BIGGSVILLE	61474	1	SAINT AUGUSTINE
61419	1	BISHOP HILL	61475	1	SCIOTA
61420	1	BLANDINSVILLE	61476	1	SEATON
61421	1	BRADFORD	61477	1	SMITHFIELD
61422	1	BUSHNELL	61478	1	SMITHSHIRE
61423	1	CAMERON	61479	1	SPEER
61424	1	CAMP GROVE	61480	1	STRONGHURST
61425	1	CARMAN	61482	1	TABLE GROVE
61426	1	CASTLETON	61483	1	TOULON
61427	1	CUBA	61484	1	VERMONT
61428	1	DAHINDA	61485	1	VICTORIA
61430	1	EAST GALESBURG	61486	1	VIOLA
61431	1	ELLISVILLE	61488	1	WATAGA
61432	1	FAIRVIEW	61489	1	WILLIAMSFIELD
61433	1	FIATT	61490	1	WOODHULL
61434	1	GALVA	61491	1	WYOMING
61435	1	GERLAW	61501	1	ASTORIA
61436	1	GILSON	61516	1	BENSON
61437	1	GLADSTONE	61517	1	BRIMFIELD
61438	1	GOOD HOPE	61519	1	BRYANT
61439	1	HENDERSON	61520	1	CANTON
61440	1	INDUSTRY	61523	1	CHILLICOTHE
61441	1	IPAVA	61524	1	DUNFERMLINE
61442	1	KEITHSBURG	61525	1	DUNLAP
61443	1	KEWANEE	61526	1	EDELSTEIN
61447	1	KIRKWOOD	61528	1	EDWARDS

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ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
61529	1	ELMWOOD	61612	1	PEORIA
61530	1	EUREKA	61613	1	PEORIA
61531	1	FARMINGTON	61614	1	PEORIA
61532	1	FOREST CITY	61615	1	PEORIA
61533	1	GLASFORD	61616	1	PEORIA HEIGHTS
61534	1	GREEN VALLEY	61625	1	PEORIA
61535	1	GROVELAND	61629	1	PEORIA
61536	1	HANNA CITY	61630	1	PEORIA
61537	1	HENRY	61633	1	PEORIA
61539	1	KINGSTON MINES	61634	1	PEORIA
61540	1	LACON	61635	1	PEORIA
61541	1	LA ROSE	61636	1	PEORIA
61542	1	LEWISTOWN	61637	1	PEORIA
61543	1	LIVERPOOL	61638	1	PEORIA
61544	1	LONDON MILLS	61639	1	PEORIA
61545	1	LOWPOINT	61641	1	PEORIA
61546	1	MANITO	61643	1	PEORIA
61547	1	MAPLETON	61650	1	PEORIA
61548	1	METAMORA	61651	1	PEORIA
61550	1	MORTON	61652	1	PEORIA
61552	1	MOSSVILLE	61653	1	PEORIA
61553	1	NORRIS	61654	1	PEORIA
61554	1	PEKIN	61655	1	PEORIA
61555	1	PEKIN	61656	1	PEORIA
61558	1	PEKIN	61701	1	BLOOMINGTON
61559	1	PRINCEVILLE	61702	1	BLOOMINGTON
61560	1	PUTNAM	61704	1	BLOOMINGTON
61561	1	ROANOKE	61709	1	BLOOMINGTON
61562	1	ROME	61710	1	BLOOMINGTON
61563	1	SAINT DAVID	61720	1	ANCHOR
61564	1	SOUTH PEKIN	61721	1	ARMINGTON
61565	1	SPARLAND	61722	1	ARROWSMITH
61567	1	TOPEKA	61723	1	ATLANTA
61568	1	TREMONT	61724	1	BELLFLOWER
61569	1	TRIVOLI	61725	1	CARLOCK
61570	1	WASHBURN	61726	1	CHENOA
61571	1	WASHINGTON	61727	1	CLINTON
61572	1	YATES CITY	61728	1	COLFAX
61601	1	PEORIA	61729	1	CONGERVILLE
61602	1	PEORIA	61730	1	COOKSVILLE
61603	1	PEORIA	61731	1	CROPSEY
61604	1	PEORIA	61732	1	DANVERS
61605	1	PEORIA	61733	1	DEER CREEK
61606	1	PEORIA	61734	1	DELAVAN
61607	1	PEORIA	61735	1	DEWITT
61610	1	CREVE COEUR	61736	1	DOWNS
61611	1	EAST PEORIA	61737	1	ELLSWORTH

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
61738	1	EL PASO	61818	1	CERRO GORDO
61739	1	FAIRBURY	61820	1	CHAMPAIGN
61740	1	FLANAGAN	61821	1	CHAMPAIGN
61741	1	FORREST	61822	1	CHAMPAIGN
61742	1	GOODFIELD	61824	1	CHAMPAIGN
61743	1	GRAYMONT	61825	1	CHAMPAIGN
61744	1	GRIDLEY	61826	1	CHAMPAIGN
61745	1	HEYWORTH	61830	1	CISCO
61747	1	HOPEDALE	61831	1	COLLISON
61748	1	HUDSON	61832	1	DANVILLE
61749	1	KENNEY	61833	1	TILTON
61750	1	LANE	61834	1	DANVILLE
61751	1	LAWNDALE	61839	1	DE LAND
61752	1	LE ROY	61840	1	DEWEY
61753	1	LEXINGTON	61841	1	FAIRMOUNT
61754	1	MC LEAN	61842	1	FARMER CITY
61755	1	MACKINAW	61843	1	FISHER
61756	1	MAROA	61844	1	FITHIAN
61758	1	MERNA	61845	1	FOOSLAND
61759	1	MINIER	61846	1	GEORGETOWN
61760	1	MINONK	61847	1	GIFFORD
61761	1	NORMAL	61848	1	HENNING
61764	1	PONTIAC	61849	1	HOMER
61769	1	SAUNEMIN	61850	1	INDIANOLA
61770	1	SAYBROOK	61851	1	IVESDALE
61771	1	SECOR	61852	1	LONGVIEW
61772	1	SHIRLEY	61853	1	MAHOMET
61773	1	SIBLEY	61854	1	MANSFIELD
61774	1	STANFORD	61855	1	MILMINE
61775	1	STRAWN	61856	1	MONTICELLO
61776	1	TOWANDA	61857	1	MUNCIE
61777	1	WAPELLA	61858	1	OAKWOOD
61778	1	WAYNESVILLE	61859	1	OGDEN
61790	1	NORMAL	61862	1	PENFIELD
61791	1	BLOOMINGTON	61863	1	PESOTUM
61799	1	BLOOMINGTON	61864	1	PHILO
61801	1	URBANA	61865	1	POTOMAC
61802	1	URBANA	61866	1	RANTOUL
61803	1	URBANA	61870	1	RIDGE FARM
61810	1	ALLERTON	61871	1	ROYAL
61811	1	ALVIN	61872	1	SADORUS
61812	1	ARMSTRONG	61873	1	SAINT JOSEPH
61813	1	BEMENT	61874	1	SAVOY
61814	1	BISMARCK	61875	1	SEYMOUR
61815	1	BONDVILLE	61876	1	SIDELL
61816	1	BROADLANDS	61877	1	SIDNEY
61817	1	CATLIN	61878	1	THOMASBORO

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
61880	1	TOLONO	62019	1	DONNELLSON
61882	1	WELDON	62021	1	DORSEY
61883	1	WESTVILLE	62022	1	DOW
61884	1	WHITE HEATH	62023	1	EAGARVILLE
61910	1	ARCOLA	62024	2	EAST ALTON
61911	1	ARTHUR	62025	2	EDWARDSVILLE
61912	1	ASHMORE	62026	2	EDWARDSVILLE
61913	1	ATWOOD	62027	1	ELDRED
61914	1	BETHANY	62028	2	ELSAH
61917	1	BROCTON	62030	1	FIDELITY
61919	1	CAMARGO	62031	1	FIELDON
61920	1	CHARLESTON	62032	1	FILLMORE
61924	1	CHRISMAN	62033	1	GILLESPIE
61925	1	DALTON CITY	62034	2	GLEN CARBON
61928	1	GAYS	62035	2	GODFREY
61929	1	HAMMOND	62036	1	GOLDEN EAGLE
61930	1	HINDSBORO	62037	1	GRAFTON
61931	1	HUMBOLDT	62040	2	GRANITE CITY
61932	1	HUME	62044	1	GREENFIELD
61933	1	KANSAS	62045	1	HAMBURG
61936	1	LA PLACE	62046	1	HAMEL
61937	1	LOVINGTON	62047	1	HARDIN
61938	1	MATTOON	62048	2	HARTFORD
61940	1	METCALF	62049	1	HILLSBORO
61941	1	MURDOCK	62050	1	HILLVIEW
61942	1	NEWMAN	62051	1	IRVING
61943	1	OAKLAND	62052	1	JERSEYVILLE
61944	1	PARIS	62053	1	KAMPSVILLE
61949	1	REDMON	62054	1	KANE
61951	1	SULLIVAN	62056	1	LITCHFIELD
61953	1	TUSCOLA	62058	1	LIVINGSTON
61955	1	VERMILION	62059	2	LOVEJOY
61956	1	VILLA GROVE	62060	2	MADISON
61957	1	WINDSOR	62061	1	MARINE
62001	1	ALHAMBRA	62062	2	MARYVILLE
62002	2	ALTON	62063	1	MEDORA
62006	1	BATCHTOWN	62065	1	MICHAEL
62009	1	BENLD	62067	1	MORO
62010	1	BETHALTO	62069	1	MOUNT OLIVE
62011	1	BINGHAM	62070	1	MOZIER
62012	1	BRIGHTON	62071	2	NATIONAL STOCK YARDS
62013	2	BRUSSELS	62074	1	NEW DOUGLAS
62014	1	BUNKER HILL	62075	1	NOKOMIS
62015	1	BUTLER	62076	1	OHLMAN
62016	1	CARROLLTON	62077	1	PANAMA
62017	1	COFFEEN	62078	1	PATTERSON
62018	2	COTTAGE HILLS	62079	1	PIASA

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
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NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
62080	1	RAMSEY	62239	2	DUPO
62081	1	ROCKBRIDGE	62240	2	EAST CARONDELET
62082	1	ROODHOUSE	62241	2	ELLIS GROVE
62083	1	ROSAMOND	62242	2	EVANSVILLE
62084	2	ROXANA	62243	2	FREEBURG
62085	1	SAWYERVILLE	62244	2	FULTS
62086	1	SORENTO	62245	2	GERMANTOWN
62087	2	SOUTH ROXANA	62246	1	GREENVILLE
62088	1	STAUNTON	62247	1	HAGARSTOWN
62089	1	TAYLOR SPRINGS	62248	1	HECKER
62090	2	VENICE	62249	2	HIGHLAND
62091	1	WALSHVILLE	62250	1	HOFFMAN
62092	1	WHITE HALL	62252	1	HUEY
62093	1	WILSONVILLE	62253	1	KEYESPORT
62094	1	WITT	62254	2	LEBANON
62095	2	WOOD RIVER	62255	2	LENZBURG
62097	1	WORDEN	62256	2	MAEYSTOWN
62098	1	WRIGHTS	62257	2	MARISSA
62201	2	EAST SAINT LOUIS	62258	2	MASCOUTAH
62202	2	EAST SAINT LOUIS	62259	2	MENARD
62203	2	EAST SAINT LOUIS	62260	2	MILLSTADT
62204	2	EAST SAINT LOUIS	62261	2	MODOC
62205	2	EAST SAINT LOUIS	62262	1	MULBERRY GROVE
62206	2	EAST SAINT LOUIS	62263	2	NASHVILLE
62207	2	EAST SAINT LOUIS	62264	2	NEW ATHENS
62208	2	FAIRVIEW HEIGHTS	62265	1	NEW BADEN
62214	2	ADDIEVILLE	62266	1	NEW MEMPHIS
62215	2	ALBERS	62268	2	OAKDALE
62216	1	AVISTON	62269	2	O FALLON
62217	2	BALDWIN	62271	2	OKAWVILLE
62218	2	BARTELSON	62272	2	PERCY
62219	1	BECKEMEYER	62273	1	PIERRON
62220	2	BELLEVILLE	62274	2	PINCKNEYVILLE
62221	2	BELLEVILLE	62275	1	POCAHONTAS
62222	1	BELLEVILLE	62277	2	PRAIRIE DU ROCHER
62223	2	BELLEVILLE	62278	2	RED BUD
62224	2	MASCOUTAH	62279	2	RENAULT
62225	1	SCOTT AIR FORCE BASE	62280	2	ROCKWOOD
62226	2	BELLEVILLE	62281	1	SAINT JACOB
62230	1	BREESE	62282	2	SAINT LIBORY
62231	2	CARLYLE	62284	1	SMITHBORO
62232	2	CASEYVILLE	62285	1	SMITHTON
62233	2	CHESTER	62286	2	SPARTA
62234	2	COLLINSVILLE	62288	2	STEELEVILLE
62236	2	COLUMBIA	62289	2	SUMMERFIELD
62237	2	COULTERVILLE	62292	2	TILDEN
62238	2	CUTLER	62293	1	TRENTON

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
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NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
62294	2	TROY	62365	1	PLAINVILLE
62295	2	VALMEYER	62366	1	PLEASANT HILL
62297	2	WALSH	62367	1	PLYMOUTH
62298	2	WATERLOO	62370	1	ROCKPORT
62301	1	QUINCY	62373	1	SUTTER
62305	1	QUINCY	62374	1	TENNESSEE
62306	1	QUINCY	62375	1	TIMEWELL
62311	1	AUGUSTA	62376	1	URSA
62312	1	BARRY	62378	1	VERSAILLES
62313	1	BASCO	62379	1	WARSAW
62314	1	BAYLIS	62380	1	WEST POINT
62316	1	BOWEN	62401	1	EFFINGHAM
62319	1	CAMDEN	62410	2	ALLENDAL
62320	1	CAMP POINT	62411	1	ALTAMONT
62321	1	CARTHAGE	62413	1	ANNAPOLIS
62323	1	CHAMBERSBURG	62414	1	BEECHER CITY
62324	1	CLAYTON	62417	1	BRIDGEPORT
62325	1	COATSBURG	62418	1	BROWNSTOWN
62326	1	COLCHESTER	62419	1	CALHOUN
62329	1	COLUSA	62420	1	CASEY
62330	1	DALLAS CITY	62421	1	CLAREMONT
62334	1	ELVASTON	62422	1	COWDEN
62336	1	FERRIS	62423	1	DENNISON
62338	1	FOWLER	62424	1	DIETERICH
62339	1	GOLDEN	62425	1	DUNDAS
62340	1	GRIGGSVILLE	62426	1	EDGEWOOD
62341	1	HAMILTON	62427	2	FLAT ROCK
62343	1	HULL	62428	1	GREENUP
62344	1	HUNTSVILLE	62431	1	HERRICK
62345	1	KINDERHOOK	62432	1	HIDALGO
62346	1	LA PRAIRIE	62433	1	HUTSONVILLE
62347	1	LIBERTY	62434	1	INGRAHAM
62348	1	LIMA	62435	1	JANESVILLE
62349	1	LORAIN	62436	1	JEWETT
62351	1	MENDON	62438	1	LAKEWOOD
62352	1	MILTON	62439	2	LAWRENCEVILLE
62353	1	MOUNT STERLING	62440	1	LERNA
62354	1	NAUVOO	62441	1	MARSHALL
62355	1	NEBO	62442	1	MARTINSVILLE
62356	1	NEW CANTON	62443	1	MASON
62357	1	NEW SALEM	62444	1	MODE
62358	1	NIOTA	62445	1	MONTROSE
62359	1	PALOMA	62446	2	MOUNT ERIE
62360	1	PAYSON	62447	1	NEOGA
62361	1	PEARL	62448	1	NEWTON
62362	1	PERRY	62449	1	OBLONG
62363	1	PITTSFIELD	62450	1	OLNEY

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
62451	1	PALESTINE	62536	1	GLENARM
62452	1	PARKERSBURG	62537	1	HARRISTOWN
62454	1	ROBINSON	62538	1	HARVEL
62458	1	SAINT ELMO	62539	1	ILLIOPOLIS
62459	2	SAINTE MARIE	62540	1	KINCAID
62460	2	SAINT FRANCISVILLE	62541	1	LAKE FORK
62461	1	SHUMWAY	62543	1	LATHAM
62462	1	SIGEL	62544	1	MACON
62463	1	STEWARDSON	62545	1	MECHANICSBURG
62464	1	STOY	62546	1	MORRISONVILLE
62465	1	STRASBURG	62547	1	MOUNT AUBURN
62466	2	SUMNER	62548	1	MOUNT PULASKI
62467	1	TEUTOPOLIS	62549	1	MT ZION
62468	1	TOLEDO	62550	1	MOWEAQUA
62469	1	TRILLA	62551	1	NIANTIC
62471	2	VANDALIA	62553	1	OCONEE
62473	1	WATSON	62554	1	OREANA
62474	1	WESTFIELD	62555	1	OWANECO
62475	1	WEST LIBERTY	62556	1	PALMER
62476	1	WEST SALEM	62557	1	PANA
62477	1	WEST UNION	62558	1	PAWNEE
62478	1	WEST YORK	62560	1	RAYMOND
62479	1	WHEELER	62561	1	RIVERTON
62480	1	WILLOW HILL	62563	1	ROCHESTER
62481	1	YALE	62565	1	SHELBYVILLE
62501	1	ARGENTA	62567	1	STONINGTON
62510	1	ASSUMPTION	62568	1	TAYLORVILLE
62512	1	BEASON	62570	1	TOVEY
62513	1	BLUE MOUND	62571	1	TOWER HILL
62514	1	BOODY	62572	1	WAGGONER
62515	1	BUFFALO	62573	1	WARRENSBURG
62517	1	BULPITT	62601	1	ALEXANDER
62518	1	CHESTNUT	62610	1	ALSEY
62519	1	CORNLAND	62611	1	ARENZVILLE
62520	1	DAWSON	62612	1	ASHLAND
62521	1	DECATUR	62613	1	ATHENS
62522	1	DECATUR	62615	1	AUBURN
62523	1	DECATUR	62617	1	BATH
62524	1	DECATUR	62618	1	BEARDSTOWN
62525	1	DECATUR	62621	1	BLUFFS
62526	1	DECATUR	62622	1	BLUFF SPRINGS
62530	1	DIVERNON	62624	1	BROWNING
62531	1	EDINBURG	62625	1	CANTRALL
62532	1	ELWIN	62626	1	CARLINVILLE
62533	1	FARMERSVILLE	62627	1	CHANDLERVILLE
62534	1	FINDLAY	62628	1	CHAPIN
62535	1	FORSYTH	62629	1	CHATHAM

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
62630	1	CHESTERFIELD	62702	1	SPRINGFIELD
62631	1	CONCORD	62703	1	SPRINGFIELD
62633	1	EASTON	62704	1	SPRINGFIELD
62634	1	ELKHART	62705	1	SPRINGFIELD
62635	1	EMDEN	62706	1	SPRINGFIELD
62638	1	FRANKLIN	62707	1	SPRINGFIELD
62639	1	FREDERICK	62708	1	SPRINGFIELD
62640	1	GIRARD	62711	1	SPRINGFIELD
62642	1	GREENVIEW	62712	1	SPRINGFIELD
62643	1	HARTSBURG	62713	1	SPRINGFIELD
62644	1	HAVANA	62715	1	SPRINGFIELD
62649	1	HETTICK	62716	1	SPRINGFIELD
62650	1	JACKSONVILLE	62719	1	SPRINGFIELD
62651	1	JACKSONVILLE	62721	1	SPRINGFIELD
62655	1	KILBOURNE	62722	1	SPRINGFIELD
62656	1	LINCOLN	62723	1	SPRINGFIELD
62659	1	LINCOLN S NEW SALEM	62726	1	SPRINGFIELD
62660	1	LITERBERRY	62736	1	SPRINGFIELD
62661	1	LOAMI	62739	1	SPRINGFIELD
62662	1	LOWDER	62746	1	SPRINGFIELD
62663	1	MANCHESTER	62756	1	SPRINGFIELD
62664	1	MASON CITY	62757	1	SPRINGFIELD
62665	1	MEREDOSIA	62761	1	SPRINGFIELD
62666	1	MIDDLETOWN	62762	1	SPRINGFIELD
62667	1	MODESTO	62763	1	SPRINGFIELD
62668	1	MURRAYVILLE	62764	1	SPRINGFIELD
62670	1	NEW BERLIN	62765	1	SPRINGFIELD
62671	1	NEW HOLLAND	62766	1	SPRINGFIELD
62672	1	NILWOOD	62767	1	SPRINGFIELD
62673	1	OAKFORD	62769	1	SPRINGFIELD
62674	1	PALMYRA	62776	1	SPRINGFIELD
62675	1	PETERSBURG	62777	1	SPRINGFIELD
62677	1	PLEASANT PLAINS	62781	1	SPRINGFIELD
62681	1	RUSHVILLE	62786	1	SPRINGFIELD
62682	1	SAN JOSE	62791	1	SPRINGFIELD
62683	1	SCOTTVILLE	62794	1	SPRINGFIELD
62684	1	SHERMAN	62796	1	SPRINGFIELD
62685	1	SHIPMAN	62801	2	CENTRALIA
62688	1	TALLULA	62803	2	HOYLETON
62689	1	THAYER	62805	2	AKIN
62690	1	VIRDEN	62806	1	ALBION
62691	1	VIRGINIA	62807	1	ALMA
62692	1	WAVERLY	62808	2	ASHLEY
62693	1	WILLIAMSVILLE	62809	2	BARNHILL
62694	1	WINCHESTER	62810	2	BELLE RIVE
62695	1	WOODSON	62811	1	BELLMONT
62701	1	SPRINGFIELD	62812	2	BENTON

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
62814	2	BLUFORD	62863	2	MOUNT CARMEL
62815	2	BONE GAP	62864	2	MOUNT VERNON
62816	2	BONNIE	62865	2	MULKEYTOWN
62817	2	BROUGHTON	62866	2	NASON
62818	2	BROWNS	62867	2	NEW HAVEN
62819	2	BUCKNER	62868	1	NOBLE
62820	2	BURNT PRAIRIE	62869	2	NORRIS CITY
62821	2	CARMI	62870	1	ODIN
62822	2	CHRISTOPHER	62871	2	OMAHA
62823	1	CISNE	62872	2	OPDYKE
62824	2	CLAY CITY	62874	3	ORIENT
62825	2	COELLO	62875	1	PATOKA
62827	2	CROSSVILLE	62876	2	RADOM
62828	2	DAHLGREN	62877	2	RICHVIEW
62829	2	DALE	62878	1	RINARD
62830	1	DIX	62879	1	SAILOR SPRINGS
62831	2	DU BOIS	62880	1	SAINT PETER
62832	2	DU QUOIN	62881	1	SALEM
62833	2	ELLERY	62882	1	SANDOVAL
62834	2	EMMA	62883	2	SCHELLER
62835	2	ENFIELD	62884	2	SESSER
62836	2	EWING	62885	1	SHOBONIER
62837	2	FAIRFIELD	62886	2	SIMS
62838	1	FARINA	62887	2	SPRINGERTON
62839	1	FLORA	62888	2	TAMAROA
62840	2	FRANKFORT HEIGHTS	62889	2	TEXICO
62841	3	FREEMAN SPUR	62890	2	THOMPSONVILLE
62842	1	GEFF	62891	2	VALIER
62843	2	GOLDEN GATE	62892	1	VERNON
62844	2	GRAYVILLE	62893	1	WALNUT HILL
62845	2	HERALD	62894	2	WALTONVILLE
62846	2	INA	62895	2	WAYNE CITY
62848	2	IRVINGTON	62896	2	WEST FRANKFORT
62849	1	IUKA	62897	2	WHITTINGTON
62850	2	JOHNSONVILLE	62898	2	WOODLAWN
62851	2	KEENES	62899	2	XENIA
62852	2	KEENSBURG	62901	2	CARBONDALE
62853	1	KELL	62902	2	CARBONDALE
62854	1	KINMUNDY	62903	2	CARBONDALE
62855	2	LANCASTER	62905	3	ALTO PASS
62856	2	LOGAN	62906	3	ANNA
62857	1	LOGOOTE	62907	2	AVA
62858	1	LOUISVILLE	62908	3	BELKNAP
62859	2	MC LEANSBORO	62909	3	BOLES
62860	2	MACEDONIA	62910	3	BROOKPORT
62861	2	MAUNIE	62912	3	BUNCOMBE
62862	2	MILL SHOALS	62914	4	CAIRO

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

NUMERICAL ZIP CODE LISTING

ZIP Code	Rating Zone	USPS Name	ZIP Code	Rating Zone	USPS Name
62915	2	CAMBRIA	62969	4	OLIVE BRANCH
62916	2	CAMPBELL HILL	62970	2	OLMSTED
62917	2	CARRIER MILLS	62971	2	ORAVILLE
62918	2	CARTERVILLE	62972	2	OZARK
62919	2	CAVE IN ROCK	62973	3	PERKS
62920	3	COBDEN	62974	2	PITTSBURG
62921	3	COLP	62975	3	POMONA
62922	2	CREAL SPRINGS	62976	3	PULASKI
62923	3	CYPRESS	62977	2	RALEIGH
62924	2	DE SOTO	62979	2	RIDGWAY
62926	3	DONGOLA	62982	2	ROSICLARE
62927	2	DOWELL	62983	3	ROYALTON
62928	2	EDDYVILLE	62984	2	SHAWNEETOWN
62930	2	ELDORADO	62985	3	SIMPSON
62931	2	ELIZABETHTOWN	62987	2	STONEFORT
62932	2	ELKVILLE	62988	3	TAMMS
62933	2	ENERGY	62990	3	THEBES
62934	2	EQUALITY	62992	3	ULLIN
62935	2	GALATIA	62993	3	UNITY
62938	3	GOLCONDA	62994	2	VERGENNES
62939	2	GOREVILLE	62995	3	VIENNA
62940	2	GORHAM	62996	3	VILLA RIDGE
62941	2	GRAND CHAIN	62997	2	WILLISVILLE
62942	3	GRAND TOWER	62998	3	WOLF LAKE
62943	3	GRANTSBURG	62999	2	ZEIGLER
62946	2	HARRISBURG	63673	2	SAINT MARY
62947	2	HEROD			
62948	2	HERRIN			
62949	2	HURST			
62950	3	JACOB			
62951	2	JOHNSTON CITY			
62952	3	JONESBORO			
62953	3	JOPPA			
62954	2	JUNCTION			
62955	2	KARBERS RIDGE			
62956	3	KARNAK			
62957	3	MC CLURE			
62958	2	MAKANDA			
62959	2	MARION			
62960	3	METROPOLIS			
62961	3	MILLCREEK			
62962	4	MILLER CITY			
62963	4	MOUND CITY			
62964	4	MOUNDS			
62965	2	MUDDY			
62966	2	MURPHYSBORO			
62967	2	NEW BURNSIDE			

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

EARTHQUAKE RATING ZONE LISTING

Rating Zone	ZIP Codes							
1	60001	60055	60108	60159	60302	60447	60511	60563
	60002	60056	60109	60160	60303	60448	60512	60564
	60004	60060	60110	60161	60304	60449	60513	60565
	60005	60061	60111	60162	60305	60450	60514	60566
	60006	60062	60112	60163	60398	60451	60515	60567
	60007	60064	60113	60164	60399	60452	60516	60568
	60008	60065	60115	60165	60401	60453	60517	60570
	60009	60067	60116	60168	60402	60454	60518	60572
	60010	60068	60117	60170	60406	60455	60519	60597
	60011	60069	60118	60171	60407	60456	60520	60598
	60012	60070	60119	60172	60408	60457	60521	60599
	60013	60071	60120	60173	60409	60458	60522	60601
	60014	60072	60121	60174	60410	60459	60523	60602
	60015	60073	60123	60175	60411	60460	60525	60603
	60016	60074	60125	60176	60412	60461	60526	60604
	60017	60075	60126	60177	60415	60462	60527	60605
	60018	60076	60128	60178	60416	60463	60530	60606
	60019	60077	60129	60179	60417	60464	60531	60607
	60020	60078	60130	60180	60419	60465	60532	60608
	60021	60079	60131	60181	60420	60466	60534	60609
	60022	60081	60132	60183	60421	60467	60536	60610
	60025	60082	60133	60184	60422	60468	60537	60611
	60026	60083	60134	60185	60423	60469	60538	60612
	60029	60084	60135	60186	60424	60470	60539	60613
	60030	60085	60136	60187	60425	60471	60540	60614
	60031	60086	60137	60188	60426	60472	60541	60615
	60033	60087	60138	60189	60428	60473	60542	60616
	60034	60088	60139	60190	60429	60474	60543	60617
	60035	60089	60140	60191	60430	60475	60544	60618
	60037	60090	60141	60192	60431	60476	60545	60619
	60038	60091	60142	60193	60432	60477	60546	60620
	60039	60092	60143	60194	60433	60478	60548	60621
	60040	60093	60144	60195	60434	60479	60549	60622
	60041	60094	60145	60196	60435	60480	60550	60623
	60042	60095	60146	60197	60436	60481	60551	60624
	60043	60096	60147	60199	60437	60482	60552	60625
	60044	60097	60148	60201	60438	60490	60553	60626
	60045	60098	60150	60202	60439	60491	60554	60628
	60046	60099	60151	60203	60440	60499	60555	60629
	60047	60101	60152	60204	60441	60501	60556	60630
	60048	60102	60153	60208	60442	60504	60557	60631
	60049	60103	60154	60209	60443	60505	60558	60632
	60050	60104	60155	60296	60444	60506	60559	60633
	60051	60106	60156	60297	60445	60507	60560	60634
	60053	60107	60157	60301	60446	60510	60561	60636

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

EARTHQUAKE RATING ZONE LISTING

Rating Zone	ZIP Codes							
1 (cont'd)	60637	60695	60946	61032	61091	61260	61332	61414
	60638	60696	60948	61036	61101	61261	61333	61415
	60639	60697	60949	61037	61102	61262	61334	61416
	60640	60699	60950	61038	61103	61263	61335	61417
	60641	60701	60951	61039	61104	61264	61336	61418
	60643	60706	60952	61041	61105	61265	61337	61419
	60644	60707	60953	61042	61106	61266	61338	61420
	60645	60712	60954	61043	61107	61270	61340	61421
	60646	60714	60955	61044	61108	61272	61341	61422
	60647	60803	60956	61046	61109	61273	61342	61423
	60649	60804	60957	61047	61110	61274	61344	61424
	60651	60805	60959	61048	61111	61275	61345	61425
	60652	60827	60960	61049	61112	61276	61346	61426
	60653	60901	60961	61050	61114	61277	61348	61427
	60654	60910	60962	61051	61115	61278	61349	61428
	60655	60911	60963	61052	61125	61279	61350	61430
	60656	60912	60964	61053	61126	61281	61353	61431
	60657	60913	60966	61054	61130	61282	61354	61432
	60659	60914	60967	61057	61131	61283	61356	61433
	60660	60915	60968	61058	61132	61284	61358	61434
	60661	60917	60969	61059	61201	61285	61359	61435
	60663	60918	60970	61060	61204	61299	61360	61436
	60664	60919	60973	61061	61230	61301	61361	61437
	60666	60920	60974	61062	61231	61310	61362	61438
	60668	60921	61001	61063	61232	61311	61363	61439
	60670	60922	61006	61064	61233	61312	61364	61440
	60673	60924	61007	61065	61234	61313	61367	61441
	60674	60926	61008	61067	61235	61314	61368	61442
	60675	60927	61010	61068	61236	61315	61369	61443
	60677	60928	61011	61070	61237	61316	61370	61447
	60678	60929	61012	61071	61238	61317	61371	61448
	60679	60930	61013	61072	61239	61318	61372	61449
	60680	60931	61014	61073	61240	61319	61373	61450
	60681	60932	61015	61074	61241	61320	61374	61451
	60682	60933	61016	61075	61242	61321	61375	61452
	60684	60934	61018	61077	61243	61322	61376	61453
	60685	60935	61019	61078	61244	61323	61377	61454
	60686	60936	61020	61079	61250	61324	61378	61455
	60687	60938	61021	61080	61251	61325	61379	61458
	60688	60939	61024	61081	61252	61326	61401	61459
	60689	60940	61025	61084	61254	61327	61402	61460
	60690	60941	61027	61085	61256	61328	61410	61462
	60691	60942	61028	61087	61257	61329	61411	61465
	60693	60944	61030	61088	61258	61330	61412	61466
	60694	60945	61031	61089	61259	61331	61413	61467

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EARTHQUAKE RATING ZONE LISTING

Rating Zone	ZIP Codes							
1 (cont'd)	61468	61543	61636	61748	61830	61911	62031	62222
	61469	61544	61637	61749	61831	61912	62032	62225
	61470	61545	61638	61750	61832	61913	62033	62230
	61471	61546	61639	61751	61833	61914	62036	62246
	61472	61547	61641	61752	61834	61917	62037	62247
	61473	61548	61643	61753	61839	61919	62044	62248
	61474	61550	61650	61754	61840	61920	62045	62250
	61475	61552	61651	61755	61841	61924	62046	62252
	61476	61553	61652	61756	61842	61925	62047	62253
	61477	61554	61653	61758	61843	61928	62049	62262
	61478	61555	61654	61759	61844	61929	62050	62265
	61479	61558	61655	61760	61845	61930	62051	62266
	61480	61559	61656	61761	61846	61931	62052	62273
	61482	61560	61701	61764	61847	61932	62053	62275
	61483	61561	61702	61769	61848	61933	62054	62281
	61484	61562	61704	61770	61849	61936	62056	62284
	61485	61563	61709	61771	61850	61937	62058	62285
	61486	61564	61710	61772	61851	61938	62061	62293
	61488	61565	61720	61773	61852	61940	62063	62301
	61489	61567	61721	61774	61853	61941	62065	62305
	61490	61568	61722	61775	61854	61942	62067	62306
	61491	61569	61723	61776	61855	61943	62069	62311
	61501	61570	61724	61777	61856	61944	62070	62312
	61516	61571	61725	61778	61857	61949	62074	62313
	61517	61572	61726	61790	61858	61951	62075	62314
	61519	61601	61727	61791	61859	61953	62076	62316
	61520	61602	61728	61799	61862	61955	62077	62319
	61523	61603	61729	61801	61863	61956	62078	62320
	61524	61604	61730	61802	61864	61957	62079	62321
	61525	61605	61731	61803	61865	62001	62080	62323
	61526	61606	61732	61810	61866	62006	62081	62324
	61528	61607	61733	61811	61870	62009	62082	62325
	61529	61610	61734	61812	61871	62010	62083	62326
	61530	61611	61735	61813	61872	62011	62085	62329
	61531	61612	61736	61814	61873	62012	62086	62330
	61532	61613	61737	61815	61874	62014	62088	62334
	61533	61614	61738	61816	61875	62015	62089	62336
	61534	61615	61739	61817	61876	62016	62091	62338
	61535	61616	61740	61818	61877	62017	62092	62339
	61536	61625	61741	61820	61878	62019	62093	62340
	61537	61629	61742	61821	61880	62021	62094	62341
	61539	61630	61743	61822	61882	62022	62097	62343
	61540	61633	61744	61824	61883	62023	62098	62344
	61541	61634	61745	61825	61884	62027	62216	62345
	61542	61635	61747	61826	61910	62030	62219	62346

AMERICAN ASSOCIATION OF INSURANCE SERVICES EARTHQUAKE SUPPLEMENT ILLINOIS

EARTHQUAKE RATING ZONE LISTING

Rating Zone	ZIP Codes					
1	62347	62434	62521	62611	62675	62769
(cont'd)	62348	62435	62522	62612	62677	62776
	62349	62436	62523	62613	62681	62777
	62351	62438	62524	62615	62682	62781
	62352	62440	62525	62617	62683	62786
	62353	62441	62526	62618	62684	62791
	62354	62442	62530	62621	62685	62794
	62355	62443	62531	62622	62688	62796
	62356	62444	62532	62624	62689	62806
	62357	62445	62533	62625	62690	62807
	62358	62447	62534	62626	62691	62811
	62359	62448	62535	62627	62692	62823
	62360	62449	62536	62628	62693	62830
	62361	62450	62537	62629	62694	62838
	62362	62451	62538	62630	62695	62839
	62363	62452	62539	62631	62701	62842
	62365	62454	62540	62633	62702	62849
	62366	62458	62541	62634	62703	62853
	62367	62461	62543	62635	62704	62854
	62370	62462	62544	62638	62705	62857
	62373	62463	62545	62639	62706	62858
	62374	62464	62546	62640	62707	62868
	62375	62465	62547	62642	62708	62870
	62376	62467	62548	62643	62711	62875
	62378	62468	62549	62644	62712	62878
	62379	62469	62550	62649	62713	62879
	62380	62473	62551	62650	62715	62880
	62401	62474	62553	62651	62716	62881
	62411	62475	62554	62655	62719	62882
	62413	62476	62555	62656	62721	62885
	62414	62477	62556	62659	62722	62892
	62417	62478	62557	62660	62723	62893
	62418	62479	62558	62661	62726	
	62419	62480	62560	62662	62736	
	62420	62481	62561	62663	62739	
	62421	62501	62563	62664	62746	
	62422	62510	62565	62665	62756	
	62423	62512	62567	62666	62757	
	62424	62513	62568	62667	62761	
	62425	62514	62570	62668	62762	
	62426	62515	62571	62670	62763	
	62428	62517	62572	62671	62764	
	62431	62518	62573	62672	62765	
	62432	62519	62601	62673	62766	
	62433	62520	62610	62674	62767	

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

EARTHQUAKE RATING ZONE LISTING

Rating Zone	ZIP Codes						
2	62002	62218	62264	62808	62848	62896	62951
	62013	62220	62268	62809	62850	62897	62954
	62018	62221	62269	62810	62851	62898	62955
	62024	62223	62271	62812	62852	62899	62958
	62025	62224	62272	62814	62855	62901	62959
	62026	62226	62274	62815	62856	62902	62965
	62028	62231	62277	62816	62859	62903	62966
	62034	62232	62278	62817	62860	62907	62967
	62035	62233	62279	62818	62861	62915	62970
	62040	62234	62280	62819	62862	62916	62971
	62048	62236	62282	62820	62863	62917	62972
	62059	62237	62286	62821	62864	62918	62974
	62060	62238	62288	62822	62865	62919	62977
	62062	62239	62289	62824	62866	62922	62979
	62071	62240	62292	62825	62867	62924	62982
	62084	62241	62294	62827	62869	62927	62984
	62087	62242	62295	62828	62871	62928	62987
	62090	62243	62297	62829	62872	62930	62994
	62095	62244	62298	62831	62876	62931	62997
	62201	62245	62410	62832	62877	62932	62999
	62202	62249	62427	62833	62883	62933	63673
	62203	62254	62439	62834	62884	62934	
	62204	62255	62446	62835	62886	62935	
	62205	62256	62459	62836	62887	62939	
	62206	62257	62460	62837	62888	62940	
	62207	62258	62466	62840	62889	62941	
	62208	62259	62471	62843	62890	62946	
	62214	62260	62801	62844	62891	62947	
	62215	62261	62803	62845	62894	62948	
	62217	62263	62805	62846	62895	62949	
3	62841	62950	62993				
	62874	62952	62995				
	62905	62953	62996				
	62906	62956	62998				
	62908	62957					
	62909	62960					
	62910	62961					
	62912	62973					
	62920	62975					
	62921	62976					
	62923	62983					
	62926	62985					
	62938	62988					
	62942	62990					
	62943	62992					

**AMERICAN ASSOCIATION OF INSURANCE SERVICES
EARTHQUAKE SUPPLEMENT ILLINOIS**

EARTHQUAKE RATING ZONE LISTING

Rating Zone	ZIP Codes
4	62914
	62962
	62963
	62964
	62969

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TERRORISM LOSSES -- RULES

These pages provide rules addressing coverage and exclusions for loss arising from acts of terrorists.

RULE 1 -- INTRODUCTION

This Supplement provides information about the endorsements and rating information available to address loss resulting from terrorism.

1.1 Terrorism Risk Insurance Program

The federal government established the Terrorism Risk Insurance Program (TRIP or the Program) by the Terrorism Risk Insurance Act of 2002. Subject to certain changes, TRIP was extended by the Terrorism Risk Insurance Extension Act of 2005 (TRIEA), and again by the Terrorism Risk Insurance Program Reauthorization Act of 2007 (TRIPRA).

Companies writing commercial property and casualty insurance must make coverage for certified terrorism loss available to policyholders for those lines of insurance that are included under the Program. The federal government will reimburse companies that comply with the requirements of the federal terrorism law for a percentage of loss that is attributed to certified acts of terrorism, after the application of statutorily defined deductibles. The maximum annual limit of liability for insured losses in any one Program Year is \$100 billion, until such time as Congress makes other provisions for such losses. No insurer that has met its obligations under the Program will be liable for payment of any portion of loss resulting from a certified act of terrorism that exceeds the \$100 billion annual aggregate.

1.2 Important Terms And Loss Criteria

1.2.1 Certified Acts Of Terrorism

The terrorism endorsements filed for use with policies that remain subject to TRIP under TRIPRA include the following important terms and loss criteria.

Certified Act Of Terrorism

A certified act of terrorism is an act of terrorism that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State and the Attorney General of the United States:

1. to be an act of terrorism;
2. to be a violent act or an act that is dangerous to human life, property, or infrastructure;

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3. to have resulted in damage:
 - a. within the United States; or
 - b. to an air carrier (as defined in section 40102 of title 49, United States Code); to a United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States), regardless of where the loss occurs; or at the premises of any United States mission; and
4. to have been committed by an individual or individuals, as a part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion; and
5. to have resulted in insured losses in excess of five million dollars in the aggregate, attributable to all types insurance subject to the Terrorism Risk Insurance Act, as amended.

Certified Terrorism Loss

A certified terrorism loss is loss that results from a certified act of terrorism.

1.2.2 Terrorism

The following important terms and loss criteria are included in the optional terrorism exclusion endorsements filed for use with policies that will be in effect and/or that become effective after TRIP ceases to be in effect or otherwise ceases to apply.

Terrorism is defined as activities against persons, organizations, or property of any nature:

1. that involve the following or preparation for the following:
 - a. use or threat of force or violence; or
 - b. commission or threat of a dangerous act; or
 - c. commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and

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2. when one or both of the following applies:
 - a. the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or
 - b. it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social, or economic objectives, or to express (or express opposition to) a philosophy or ideology.

There is no coverage for loss or damage caused directly or indirectly by terrorism, including action in hindering or defending against an actual or expected incident of terrorism, provided that, for the type of coverage being provided and the type of exclusion attached, one or more of the criteria shown below are attributed to the incident of terrorism.

1. Property Coverages

- a. Exclusion pertaining only to loss resulting from nuclear, biological, or chemical events
 - 1) The terrorism is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation, or radioactive contamination;
 - 2) radioactive material is released, and it appears that one purpose of the terrorism was to release such materials;
 - 3) the terrorism is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - 4) pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials.
- b. Exclusion pertaining to loss resulting from nuclear, biological, or chemical events and other events
 - 1) The loss meets one or more of the criteria shown above for loss resulting from nuclear, biological, or chemical events; or
 - 2) the total of insured damage to all types of property in the United States, its territories and possessions, Puerto Rico, and Canada and business interruption loss exceeds \$25,000,000.

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2. Liability Coverages

- a. Exclusion pertaining only to loss resulting from nuclear, biological, or chemical events
 - 1) The terrorism is carried out by means of the dispersal or application of radioactive material, or through the use of a nuclear weapon or device that involves or produces a nuclear reaction, nuclear radiation, or radioactive contamination;
 - 2) radioactive material is released, and it appears that one purpose of the terrorism was to release such materials;
 - 3) the terrorism is carried out by means of the dispersal or application of pathogenic or poisonous biological or chemical materials; or
 - 4) pathogenic or poisonous biological or chemical materials are released, and it appears that one purpose of the terrorism was to release such materials.
- b. Exclusion pertaining to loss resulting from nuclear, biological, or chemical events and other events
 - 1) The loss meets one or more of the criteria shown above for loss resulting from nuclear, biological, or chemical events;
 - 2) the total of insured damage to all types of property in the United States, its territories and possessions, Puerto Rico, and Canada and business interruption loss exceeds \$25,000,000; or
 - 3) 50 or more persons sustain death or serious physical injury.

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RULE 2 -- POLICIES IN EFFECT PRIOR TO THE TERMINATION OF TRIP

In accordance with TRIPRA, companies providing insurance under the AAIS Businessowners Program must make available coverage for certified terrorism loss while TRIP remains in effect. The mandatory offer of coverage is required at the time of offer, purchase, and renewal of the policy.

Policyholder Disclosure CL 1045 includes the terms needed to fulfill the mandatory offer requirement. The CL 1045 requires the insured's or applicant's signature to acknowledge being informed of the offer of coverage for loss resulting from certified acts of terrorism and to acknowledge being informed of the portion of the annual premium that is attributable to coverage for certified acts of terrorism. The CL 1045 also discloses the \$100 billion cap on annual aggregate losses.

The following rules address the use of the endorsements that address certified acts of terrorism.

2.1 Coverage For Certified Terrorism Loss Capped

When the insured accepts the offer of coverage for loss resulting from certified acts of terrorism, coverage for such loss can be capped at \$100 billion annually, which is the maximum annual aggregate limit of liability set forth by TRIPRA.

Attach endorsement BP 0750.

See Rule 4, Rule 6, and the Loss Cost Rating Information section of this Supplement for instructions regarding premium determination. See Rule 2.4 regarding the separate line item premium and coverage disclosure requirements for certified terrorism loss.

2.2 Coverage For Certified Terrorism Loss Excluded

Coverage for loss resulting from certified acts of terrorism can be excluded when the insured rejects the offer of coverage for such loss. However, the requirements of the Standard Fire Policy do not permit policyholders to reject coverage for certified terrorism loss resulting from fire. The exclusion for loss resulting from certified acts of terrorism makes an exception for loss or damage caused by fire resulting from a certified act of terrorism. That exception applies only to direct loss or damage by fire to covered property and does not apply to other loss, such as business interruption loss.

Attach endorsement BP 0770.

See Rule 4 and Rule 6 of this Supplement regarding premium determination and rating procedures for 'fire following' certified terrorism losses. See Rule 2.4 regarding the separate line item premium and coverage disclosure requirements for 'fire following' certified terrorism loss.

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2.3 Additional Options For Policies That Will Be In Effect Beyond Scheduled Expiration Of TRIP

This rule sets forth additional options for policies that are in effect during the time that federal compensation for losses arising out of certain acts of terrorism is available under TRIP and that will continue to be in effect beyond TRIP's scheduled expiration date. (TRIP is scheduled to expire at midnight on December 31, 2014 unless extended.)

The options described under this rule also apply to policies that will take effect on or after the date that TRIP is scheduled to cease if the status of TRIP is unknown at the time of policy issue.

Upon TRIP's expiration, federal compensation for certified terrorism loss will no longer be available. For those policies that are written prior to TRIP's expiration date and that remain in effect after its expiration date, this unavailability of federal compensation will occur mid-term.

At the option of the company, a commercial lines property and/or casualty policy can be endorsed to include a conditional terrorism exclusion that applies to terrorism loss in the event of:

- TRIP's expiration, either in its entirety or with respect to the type of insurance being provided; or
- TRIP's renewal, extension, or replacement without a requirement that terrorism coverage be made available under the Businessowners Program and with changes that redefine terrorism, increase the company's financial exposure under TRIP, or impose requirements on insurance coverage for terrorism that differ from the terms that otherwise govern coverage.

The exclusion added by the conditional terrorism exclusion endorsement does not become effective unless one or more of the conditions described above occurs. However, if either of the conditions described above occurs prior to the effective date of a policy, the terrorism exclusion set forth by the endorsement will apply as of the effective date of that policy period.

If the exclusion added by the conditional terrorism exclusion endorsement becomes effective, it supersedes any other endorsements addressing certified terrorism loss and/or non-certified terrorism loss that otherwise might apply.

Such terrorism exclusions can be limited to nuclear, biological, or chemical events, or can apply to those events as well as to other events that meet certain specified thresholds, as explained under Rule 1.2.2 of this Supplement.

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Attach endorsement BP 1810 to conditionally exclude terrorism loss that is caused only by nuclear, biological, chemical, or radiological means.

Attach endorsement BP 1790 to conditionally exclude terrorism loss that is caused by nuclear, biological, chemical, or radiological means or other means.

The conditional terrorism exclusions make an exception for loss or damage caused by fire resulting from a terrorist act. That exception applies only to direct loss or damage by fire to covered property and does not apply to other loss, such as business interruption loss.

See Rule 4, Rule 6, and the Loss Cost Rating Information section of this Supplement for instructions regarding premium determination. See Rule 2.4 regarding the separate line item premium and coverage disclosure requirements for certified terrorism loss.

2.4 Premium And Coverage Disclosure Requirements

When coverage is provided for certified terrorism loss or for fire-following certified terrorism loss that cannot be excluded when coverage for certified terrorism loss is otherwise excluded in this state, the premium charged for the portion of coverage the company retains and the federal share of compensation for insured losses must be disclosed as a separate line item of the policy.

Endorsements CL 0605 and CL 1605 can be used for this purpose, or disclosure can be made on the declarations page of the policy or elsewhere within the policy itself. Endorsement CL 0605 can be used when TRIP is not scheduled to terminate while the policy is in force. Endorsement CL 1605 can be used when TRIP is scheduled to terminate while the policy is in force.

Endorsement CL 0605 also discloses the \$100 billion cap on loss resulting from certified acts of terrorism in a single Program Year and indicates that, if certified terrorism losses exceed \$100 billion dollars in a Program Year, losses up to \$100 billion dollars are subject to pro rata allocation in accordance with procedures established by the Secretary of the Treasury.

If endorsement CL 0605 or CL 1605 is used to satisfy the separate line item disclosure requirement, make an entry on the endorsement schedule to indicate the premium charged for loss resulting from certified acts of terrorism.

When the premium being disclosed applies only to coverage for fire-following certified terrorism loss, make an entry in the Additional Information section of the schedule to indicate that the premium shown for certified terrorism loss applies only to direct loss or damage by fire to covered property.

When endorsement CL 1605 is used, also make endorsement schedule entries to indicate the termination date of the coverage for certified terrorism loss and the share of terrorism loss paid by the United States during each Program Year. When a Conditional Terrorism Exclusion endorsement is not attached to the policy, make entries in both items A. and B. of the endorsement CL 1605's schedule.

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**RULE 3 -- POLICIES THAT TAKE EFFECT ON OR AFTER THE
EXPIRATION DATE OF TRIP OR THE DATE TRIP IS
EXTENDED WITH CHANGES**

This rule provides options for policies that take effect on or after the date that:

1. the Program ceases to be in effect; or
2. an extension of the Program takes effect, but only if the Program is extended without a requirement that coverage for certified terrorism loss be made available and with changes that redefine terrorism, increase the company's financial exposure under the Program, or impose requirements on insurance coverage for terrorism that differ from the terms that otherwise govern coverage.

3.1 Coverage For Terrorism Excluded

At the option of the company, a policy issued under the Businessowners Program can be endorsed to exclude coverage for terrorism loss. The exclusion can be limited to nuclear, biological, chemical, or radiological events, or it can apply to those events as well as to others meeting certain specified thresholds, as explained under Rule 1.2.2 of this Supplement.

However, the terrorism exclusions make an exception for loss or damage caused by fire resulting from a terrorist act. The exception applies only to direct loss or damage by fire to covered property and does not apply to other loss, such as business interruption loss.

Attach endorsement BP 2810 to exclude terrorism loss that is caused only by nuclear, biological, chemical, or radiological means.

Attach endorsement BP 2790 to exclude terrorism loss that is caused by nuclear, biological, chemical, or radiological means or other means.

See Rule 4, Rule 6, and the Loss Cost Rating Information section of this Supplement for instructions regarding premium determination for fire-following loss when coverage for loss resulting from terrorism is otherwise excluded.

3.2 Coverage For Terrorism Not Excluded

When coverage for terrorism loss is not excluded, determine the premium for terrorism coverage using the rating information for terrorism coverage in Rule 6 and the Loss Cost Rating Information section of this Supplement.

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RULE 4 -- PREMIUM DETERMINATION

Rule 6 and the Loss Cost Rating Information section of this Supplement address two terrorism loss exposures: Certified Terrorism Loss and Terrorism Loss After TRIP Terminates. Rule 6 includes factors that are used in determining the property premium for fire-following terrorism loss that cannot be excluded when coverage for loss resulting from terrorism is otherwise excluded in this state. Rule 4.1 provides more information regarding the applicability of the rating information for each terrorism loss exposure.

The steps used to determine the property and liability premium for terrorism coverage are provided under Rule 6 of this Supplement. The additional procedures set forth under Rule 4.2 and Rule 4.3 apply only when TRIP is scheduled to terminate with respect to the Businessowners Program while the policy is in force.

4.1 Rating Information For Terrorism Exposures

This Supplement provides rating information for the following terrorism exposures:

- a. **Certified Terrorism Loss** -- For policies in effect prior to TRIP's termination, rating information for this exposure applies when the policy is not endorsed to exclude coverage for certified terrorism loss. With respect to property, rating information for this exposure also applies when the policy is endorsed to exclude coverage for certified terrorism loss. Use the rating information developed for the fire-following certified terrorism loss exposure.
- b. **Terrorism Loss After TRIP Terminates** -- For policies in effect prior to TRIP's termination and that will continue to be in effect beyond TRIP's scheduled expiration date, rating information for this exposure applies when a conditional terrorism exclusion endorsement is not attached to the policy or when the policy is endorsed to include a conditional terrorism exclusion that applies to terrorism loss attributed only to nuclear, biological, chemical, or radiological means.

For policies that take effect on or after TRIP's expiration date or the date TRIP is extended with changes, rating information for this exposure applies when a post-TRIP terrorism exclusion endorsement is not attached to the policy or when the policy is endorsed to include a post-TRIP terrorism exclusion that applies to terrorism loss attributed only to nuclear, biological, chemical, or radiological means.

With respect to property, rating information for this exposure also applies when the policy is endorsed to include a conditional or post-TRIP terrorism exclusion that is attributed to nuclear, biological, chemical, or radiological means and to other means of terrorism. Use the rating information developed for the fire-following terrorism loss exposure pertaining to terrorism loss after TRIP terminates.

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4.2 Additional Premium Determination Procedures - TRIP Status Known At Time Of Premium Determination

When TRIP is scheduled to terminate while the policy is in force and TRIP's termination status is known at the time of premium determination, prorate the rating information shown in this Supplement for each applicable terrorism exposure listed under Rule 4.1, based upon the proportion of time that the policy will be in effect prior to and after TRIP's termination date.

4.3 Additional Premium Determination Procedures - TRIP Status Unknown At Time Of Premium Determination

When TRIP is scheduled to terminate while the policy is in force but TRIP's termination status has not been finalized at the time of premium determination, a company may choose to use the procedure described under either item a. or item b. below. Any additional or return terrorism premium calculated according to the following procedures can be waived when the company has a waiver of premium rule on file with the insurance department and the amount of the additional or return premium meets the threshold specified in the rule.

- a. Prorate the rating information shown in this Supplement for each applicable terrorism exposure listed under Rule 4.1, based upon the proportion of time that the policy will be in effect prior to and after TRIP's termination date. If TRIP is extended, re-determine the terrorism premium and, if applicable, charge an additional premium or refund the excess premium.
- b. Determine the terrorism premium for the entire policy term using the rating information shown in this Supplement for each applicable terrorism exposure listed under Rule 4.1.

If TRIP terminates with respect to the Businessowners Program or is renewed, extended, or replaced without a requirement that terrorism coverage be made available for policies issued under the Businessowners Program, re-determine the terrorism premium by prorating the rating information shown in this Supplement for each applicable terrorism exposure listed under Rule 4.1, based on the proportion of time that the policy will be in effect prior to and after the date of TRIP's change in status. If applicable, charge an additional premium or refund the excess premium.

If TRIP is extended with changes and the requirement that terrorism coverage be made available for policies issued under the Businessowners Program remains in effect, re-determine the terrorism premium, and if applicable, charge an additional premium or refund the excess premium.

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RULE 5 -- INTERSTATE ACCOUNTS

The manual rule specifying that policies covering property located in more than one state may be written subject to the rules, forms, and endorsements for the state with either the largest values or where the insured's headquarters are located does not apply with respect to terrorism loss. When a policy covers property located in more than one state or jurisdiction, exclusions and/or coverage for terrorism loss for each location must be written in accordance with the forms, rules, and rating information applicable in that state or jurisdiction.

When a policy covers property located in more than one state or jurisdiction and more than one endorsement must be attached, make an entry on the declarations to indicate the location(s) to which each endorsement applies.

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RULE 6 -- RATING PROCEDURES

Refer to Rule 4 of this Supplement for additional premium determination procedures that apply to policies that will be in effect when TRIP is scheduled to terminate.

Property -- Use the following steps to determine the Building and Business Personal Property premium charges for each type of terrorism coverage provided (certified and/or post-TRIP). In this state, a premium charge for fire-following terrorism loss applies when coverage for terrorism is otherwise excluded.

Step 1 Select the terrorism loss cost rating information for the applicable rating zone and the applicable terrorism exposure.

If terrorism coverage is limited to direct physical loss caused by fire, multiply the terrorism loss cost rating information selected above by the fire-following factor shown below:

.43
fire-following factor

Step 2 Multiply the result of Step 1 by the Protection and Deductible factors shown below. Round the result to three decimal places.

Protected	Partially Protected / Unprotected
1.000	1.427

Protection Factors

Deductible	Factors
\$ 250	1.05
500	1.00
1,000	0.96
3,000	0.88
5,000	0.84
10,000	0.82

Deductible Factors

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Step 3 If the building and/or personal property is protected by an automatic sprinkler system, multiply the result of Step 2 by the corresponding Sprinklered Properties factor shown below. Round the result of each calculation to three decimal places.

Rate Groups	Factors
Buildings	
-- Rate Groups 1-6 (Owner Occupied)	.65
-- Rate Groups 1-6 (Lessor's Risk)	.76
-- Rate Group 7-18 (Owner Occupied)	.55
-- Rate Groups 7-18 (Lessor's Risk)	.69
-- Rate Groups 19-20	.76
-- Rate Group 21	.55
-- Rate Groups 22-27 (Owner Occupied)	.55
-- Rate Groups 22-27 (Lessor's Risk)	.69
-- Rate Group 28 (Owner Occupied)	.55
-- Rate Groups 28-29 (Lessor's Risk)	.69
Business Personal Property	
-- Rate Groups 1-6	.76
-- Rate Group 7-18	.69
-- Rate Group 21	.55
-- Rate Groups 22-27	.69
-- Rate Groups 28-29	.69

Sprinklered Properties Factors

Step 4 Multiply each result of Step 3 by the corresponding amount of insurance in thousands and round to the nearest whole dollar amount. The result is the uncapped Building or Business Personal Property premium charge for terrorism property coverage.

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Liability -- Multiply the Businessowners premium charged for loss that does not result from terrorism by the liability factor for each type of terrorism coverage provided (certified and/or post-TRIP), as shown below. The result is the uncapped premium charge for terrorism liability coverage.

Certified Terrorism Loss

The following factor applies when the insured accepts the offer of coverage for certified terrorism loss.

.0075

Terrorism Loss After TRIP Terminates (post-TRIP Terrorism Coverage)

1. The following factor applies when the policy is not endorsed to exclude coverage for loss resulting from terrorism after TRIP terminates or is no longer applicable to this line of insurance.

.0075

2. The following factor applies when the policy is endorsed to exclude coverage for terrorism loss attributed only to nuclear, biological, chemical, or radiological means once TRIP terminates or is no longer applicable to this line of insurance.

.0044

Total Terrorism Premium --

Step 1 Add the uncapped premium charges for terrorism property and liability coverage, as determined above. The result is the total uncapped premium charge for terrorism loss.

Step 2 If the total uncapped premium charge for terrorism loss does not exceed 25% of the total Businessowners premium charged for loss that does not result from terrorism, the result of Step 1 is the total premium charge for terrorism loss.

Step 3 When the total uncapped premium charge for terrorism loss exceeds 25% of the total Businessowners premium charged for loss that does not result from terrorism, the total premium charge for terrorism loss is capped at 25% of the Businessowners premium charged for loss that does not result from terrorism.

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TERRITORIAL DEFINITIONS (7-1)

Terrorism rating zones are determined on the basis of ZIP code. The terrorism rating zone determined for each risk should reflect the risk's physical location, rather than its mailing address. The terrorism rating zone assignments may change over time to reflect ZIP code changes implemented by the United States Postal Service. When a ZIP code is not listed in this Supplement, use the terrorism zone assignment for the ZIP code previously associated with the physical location of the risk.

Rating Zone 1

60601	60602	60603	60604	60606	60611	60654	60663
60664	60670	60673	60674	60675	60677	60678	60679
60680	60681	60684	60685	60687	60690	60691	60693
60694	60696	60697					

Rating Zone 2

60536	60537	60541	60555	60605	60637	60661	60666
60688	62058	62074	62281				

Rating Zone 3

60015	60120	60121	60134	60137	60138	60147	60170
60208	60502	60510	60519	60522	60523	60540	60554
60560	60563	60566	60567	60610	60652		

Rating Zone 4

60001	60004	60005	60006	60007	60008	60009	60010
60011	60013	60014	60016	60017	60018	60019	60020
60021	60025	60026	60029	60033	60034	60035	60037
60038	60039	60040	60043	60044	60045	60047	60048
60049	60050	60053	60055	60056	60060	60061	60062
60064	60065	60067	60068	60070	60071	60072	60073
60074	60076	60077	60078	60079	60081	60082	60084
60085	60086	60088	60090	60091	60092	60093	60094

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Rating Zone 4 (Cont'd)

60095	60097	60098	60101	60102	60103	60104	60106
60107	60108	60110	60115	60116	60117	60118	60122
60123	60124	60125	60126	60128	60130	60131	60132
60133	60139	60141	60143	60148	60152	60153	60154
60155	60157	60159	60160	60161	60162	60163	60164
60165	60168	60169	60171	60172	60173	60174	60175
60176	60177	60178	60179	60181	60183	60184	60185
60186	60187	60188	60189	60190	60191	60192	60193
60194	60195	60196	60197	60199	60201	60203	60204
60209	60296	60297	60301	60302	60303	60304	60305
60399	60401	60402	60406	60408	60409	60411	60412
60415	60417	60419	60422	60423	60425	60426	60428
60429	60430	60432	60438	60439	60440	60441	60442
60443	60444	60445	60446	60449	60450	60451	60452
60453	60454	60455	60456	60457	60458	60459	60461
60462	60463	60464	60465	60466	60467	60468	60469
60471	60472	60473	60475	60476	60477	60478	60480
60481	60482	60483	60487	60490	60499	60501	60503
60504	60505	60506	60507	60512	60513	60514	60515
60516	60517	60521	60525	60526	60527	60532	60534
60538	60539	60542	60543	60544	60545	60546	60548
60556	60558	60559	60561	60564	60565	60568	60570
60572	60585	60597	60598	60599	60607	60608	60609
60612	60613	60614	60616	60617	60618	60619	60620
60621	60622	60623	60624	60625	60626	60628	60629
60630	60631	60632	60633	60634	60636	60638	60639
60641	60643	60644	60646	60647	60649	60651	60655
60656	60657	60659	60668	60682	60686	60689	60695
60699	60701	60706	60707	60712	60714	60803	60804
60805	60827	60913	60915	60935	60940	60950	62295

Rating Zone 5

60002	60012	60022	60030	60031	60041	60042	60046
60051	60069	60075	60083	60087	60089	60096	60099
60109	60112	60119	60135	60136	60140	60142	60144
60150	60151	60156	60180	60202	60403	60404	60407
60410	60416	60421	60424	60431	60433	60434	60435
60436	60447	60448	60474	60479	60491	60511	60520
60552	60586	60615	60640	60645	60653	60660	60901
60910	60914	60917	60922	60941	60944	60954	60956
60961	60964	60969	61008	61360	62010	62024	62025

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Rating Zone 5 (Cont'd)

62034	62040	62046	62048	62059	62060	62067	62071
62084	62090	62095	62201	62202	62203	62204	62205
62206	62207	62223	62232	62254	62269	62289	

Rating Zone 6

60111	60113	60129	60145	60146	60420	60437	60470
60530	60531	60549	60550	60551	60553	60911	60912
60919	60920	60927	60934	60946	60951	61011	61012
61015	61016	61020	61038	61043	61049	61052	61065
61068	61072	61073	61079	61080	61101	61103	61104
61105	61106	61107	61108	61109	61110	61111	61112
61114	61115	61125	61126	61130	61131	61132	61236
61239	61244	61265	61266	61282	61341	62001	62002
62013	62018	62021	62026	62028	62036	62061	62062
62087	62088	62208	62215	62216	62220	62221	62222
62225	62226	62230	62234	62236	62239	62240	62243
62245	62248	62249	62258	62260	62265	62266	62282
62285	62293	62294	62298				

Rating Zone 7

All other ZIP codes

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LOSS COST RATING INFORMATION

This section of the Supplement provides loss cost rating information for property loss resulting from certified acts of terrorism while TRIP is in effect and property loss resulting from acts of terrorism after TRIP terminates.

Refer to the company if the rating information shown in this Supplement has not been converted from loss costs to company rates and premiums.

1. Certified Terrorism Loss - Loss Costs Per \$1,000 of Insurance

The following loss costs apply when the insured accepts the offer of coverage for certified terrorism loss.

The following loss costs also apply, subject to the adjustment set forth under Rule 6, Step 1 of the Property Rating Procedures, with respect to coverage for fire-following loss when loss resulting from terrorism is otherwise excluded.

Rating Zones	Loss Costs	Rating Zones	Loss Costs
1	\$1.330	5	\$0.070
2	0.510	6	0.020
3	0.270	7	0.010
4	0.190		

2. Terrorism Loss After TRIP Terminates (post-TRIP Terrorism Coverage) - Loss Costs Per \$1,000 of Insurance

- A. The following loss costs apply when the policy is not endorsed to exclude coverage for loss resulting from terrorism once TRIP terminates or is no longer applicable to this line of insurance.

The following loss costs also apply, subject to the adjustment set forth under Rule 6, Step 1 of the Property Rating Procedures, with respect to coverage for fire-following loss when loss resulting from terrorism is otherwise excluded.

Rating Zones	Loss Costs	Rating Zones	Loss Costs
1	\$1.880	5	\$0.110
2	0.880	6	0.050
3	0.350	7	0.030
4	0.250		

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- B. The following loss costs apply when the policy is endorsed to exclude coverage for terrorism loss attributed only to nuclear, biological, chemical, or radiological means once TRIP terminates or is no longer applicable to this line of insurance.

Rating Zones	Loss Costs	Rating Zones	Loss Costs
1	\$1.830	5	\$0.100
2	0.830	6	0.040
3	0.340	7	0.020
4	0.240		

SERFF Tracking Number: PHAR-126820179 State: Illinois
 Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: PHAR-126820179
 Company Tracking Number:
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0021 Pharmacy
 Made/Occurrence
 Product Name: Businessowners
 Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Explanatory Memorandum		
Comments:		
Attachment:		
IL Rule Filing Memo 12-10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Form RF3 - (Summary Sheet)		
Comments:		
Attachment:		
RF-3.pdf		

	Item Status:	Status Date:
Satisfied - Item: Certification		
Comments:		
Attachment:		
Certification form - IL Med Mal.pdf		

	Item Status:	Status Date:
Satisfied - Item: Manual		
Comments:		
Please refer to the IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10 attached under the Rate/Rule Schedule. This is a new state supplement which has not been previously filed under the TOI: 11.0 Medical Malpractice - Claims Made/Occurrence.		

	Item Status:	Status Date:

<i>SERFF Tracking Number:</i>	<i>PHAR-126820179</i>	<i>State:</i>	<i>Illinois</i>
<i>Filing Company:</i>	<i>Pharmacists Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>PHAR-126820179</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0021 Pharmacy</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Businessowners</i>		
<i>Project Name/Number:</i>	<i>PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR</i>		

Satisfied - Item: Actuarial support of rule the revised
Rule 9.24.4 Pharmacy Services
Professional Liability Coverage,

Comments:

The attached exhibit provides actuarial support of the revised Rule 9.24.4 Pharmacy Services Professional Liability Coverage, which introduces rating and premium development directions for non-compounded and compounded prescriptions and risk management equipment used in processing non-compounded prescriptions.

Attachment:

Professional Liability Actuarial Support.pdf

Item Status:

Status

Date:

Satisfied - Item: Payment Plan

Comments:

Attachment:

Payment Plan.pdf

PHARMACISTS MUTUAL INSURANCE COMPANY

Businessowners Program ILLINOIS Rule Filing Memorandum

Pharmacists Mutual Insurance Company is a member of AAIS for our Businessowners Program in your state. With this filing we are submitting for your review and approval, our IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10, which corresponds with our filing of revised endorsements PM 1115B-IL and PM 1116B-IL (SERFF Filing PHAR-126820180).

The endorsements were previously approved in filing PHAR-125461624 under TOI 05.0 Commercial Multi-Peril - Liability & Non-Liability; Sub TOI: 05.0002 Businessowners. Since we are not required to file exception pages under the Businessowners program, this rule revision was included in our IL Businessowners Exception Pages 06-08, which we adopted with an internal drawer filing. Since your state now requires that these endorsements be filed under the TOI Medical Malpractice, we are submitting our IL Businessowners Exception Page - Medical Malpractice Supplemental 12-10.

With this revision we are also revising Rule 9.24.4 Pharmacy Services Professional Liability Coverage, to introduce rating and premium development directions for non-compounded and compounded prescriptions and risk management equipment used in processing non-compounded prescriptions. The overall effect of this revision is a negligible rate increase of 0.1%.

We are requesting that this revision become effective for all policies written on or after December 1, 2010.

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision
effective 12/01/2010.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice	226,919	0.1%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain
Classes? If so,
specify: not applicable

Brief description of filing. (If filing follows rates of an advisory
Organization, specify
organization): We are filing our IL Businessowners Exception Page -
Medical Malpractice Supplemental 12-10

*Adjusted to reflect all prior rate changes.

**Change in Company's premium level which will result from application of new
rates.

Pharmacists Mutual Insurance Company

Name of Company

Kenneth Andrews, Regional Vice President

Official – Title

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kenneth M Andrews, a duly authorized officer of Pharmacists Mutual Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

I, Steven J Regnier, a duly authorized actuary of Regnier Consulting Group, Inc am authorized to certify on behalf of Pharmacists Mutual Insurance Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

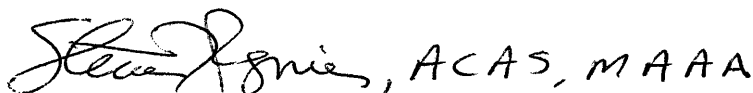


Regional Vice President

06/22/2011

Signature and Title of Authorized Insurance Company Officer

Date



06/23/2011

Signature, Title and Designation of Authorized Actuary

Date

Insurance Company FEIN 42-0223390 Filing Number PHAR-126820179

Insurer's Address 808 Hwy 18 W

City Algona State Iowa Zip Code 50511

Contact Person's:

-Name and E-mail Janine M MacVey janine.macvey@phmic.com

-Direct Telephone and Fax Number (515) 395-7207

PHARMACISTS MUTUAL INSURANCE COMPANY

COUNTRYWIDE Premium Payment Options

1. ***Payment in Full*** / due upon effective date of policy / no service charge
2. ***Three Equal Payments*** / 1/3 due on effective date of policy, next third in 60 days and final third in 120 days / no service charge
3. ***Semi-annual*** / 1/2 due on effective date of policy and 1/2 due in 180 days / service charge of \$5.00 on final installment
4. ***Quarterly*** / 1/4 due on effective date of policy, 1/4 due in 90 days, 1/4 due in 180 days and final 1/4 due in 270 days / service charge of \$5.00 on last 3 installments
5. ***EFT – monthly EZ Funds Transfer*** / down payment equal to one month's premium along with a void check must be submitted to initiate EFT / automatic debit on checking or savings account drawn monthly on the effective day of the policy / \$1.00 service charge per monthly withdrawal

SERFF Tracking Number: PHAR-126820179 State: Illinois

Filing Company: Pharmacists Mutual Insurance Company State Tracking Number: PHAR-126820179

Company Tracking Number:

TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0021 Pharmacy
Made/Occurrence

Product Name: Businessowners

Project Name/Number: PM 1115B-IL & PM 1116B-IL /IL-BOP-12-10-FR

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/17/2010	Supporting	Certification Document	06/23/2011	SelfCertificationForm.pdf (Superceded)
09/17/2010	Rate and Rule	IL Businessowners Exception Page 09/21/2011 - Medical Malpractice Supplemental 12-10		IL BOP Exception Page - Medical Malpractice Supplemental 12-10.pdf (Superceded)

ILLINOIS CERTIFICATION OF COMPLIANCE FORM

I, Kenneth M Andrews, a duly authorized officer of Pharmacists Mutual Insurance Company, do hereby certify that I am authorized to certify on behalf of the Company or Advisory Organization making this filing, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy form(s) that is (are) the subject of this filing, and that, to the best of my knowledge and belief, this filing is complete, and said policy form(s), as presented, is (are) in compliance with applicable filing standards, Illinois laws, regulations, and bulletins, and applicable checklists on the Illinois Department of Insurance website dated 09/17/2010.

I understand that the Illinois Department of Insurance will rely on this certification to expedite review of this filing, and should it be determined that the policy form(s) does (do) not comply with the applicable laws, regulations, bulletins, or checklists, or that this certification is materially false, misleading, or incorrect, appropriate corrective and disciplinary action, as authorized by law, will be taken by the Department against the insurer or advisory organization and the officer completing this certification.

Kenneth M Andrews

Digitally signed by Kenneth M Andrews
DN: cn=Kenneth M Andrews, o=Pharmacists Mutual
Insurance Company, ou, email=Ken.Andrews@phmic.
com, c=US
Date: 2010.09.17 10:18:17 -05'00'

Signature of Authorized Officer

09/17/2010
Date

Name of Authorized Officer (print) Kenneth M Andrews

Title of Officer Regional Vice President

Insurer or Advisory Organization Name Pharmacists Mutual Insurance Company

FEIN 42-0223390

Address of Insurer or Advisory Organization 808 Hwy 18 W

City Algona

State Iowa

Zip 50511

Direct Telephone Number (515) 395-7223

Fax Number (515) 395-7484

Email Address Ken.Andrews@phmic.com

Filing Number that Applies to this Filing SERFF Tr Num: PHAR-126820179

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Rule 9.24.4 has been deleted from the Countrywide Exception Pages and replaced by the following:

9.24.4 Pharmacy Professional Liability Coverage

Coverage can be added to forms BP 0100 or BP 0200 for bodily injury, property damage, or personal and advertising injury arising from the rendering or failure to render pharmacy services and either professional consultation services or home health care services.

To determine the Pharmacy Services Professional Liability premium:

Step 1 - multiply the pharmacy's annual gross receipts, in thousands, by the loss costs shown in the Countrywide Rating Information section of this manual, plus the premium generated for either professional consultation services liability (*Rule 9.24.7*) or home health care services liability (*Rule 9.24.8*). Gross receipts for Pharmacy include total amounts collected from customers for prescriptions, drugs, health care products, and pharmacy professional services.

Step 2 - determine the percentage of filled prescriptions that falls into each of the following categories; the sum of these 3 groups must equal 100%.

- non-compounded,
- non-sterile compounded (involving only ingredients in manufacturer-produced dosage forms,)
- all other compounded.

Step 3 – Non-compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of non-compounded prescriptions,
- b) Multiply the result of Step 3.a) by the appropriate factor from Table A.
- c) When risk management equipment is utilized, multiply the result of Step 3.b) by the appropriate factor from Table B.

Step 4 – Non-sterile compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of non-sterile compounded prescriptions,
- b) Multiply the result of Step 4.a) by the appropriate factor from Table A.

Step 5 – All other compounded prescription premium:

- a) Multiply the result of Step 1 by the percentage of all other compounded prescriptions,
- b) Multiply the result of Step 5.a) by the appropriate factor from Table A.

Step 6 – Add results of Steps 3, 4 and 5 to determine the Pharmacy Services Professional Liability premium.

Prescription Category	Factor
Non-Compounded	0.95
Non-Sterile Compounded	1.00
All other compounded	1.25

Table A for Rule 9.24.4

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Risk Management Equipment Count	Factor
1	0.95
2	0.90
3+	0.85

Table B for Rule 9.24.4

The Pharmacy Professional Liability including Professional Consultation Services endorsement contains provisions for the following limits:

Each Occurrence Limit – The Pharmacy Professional Liability including Professional Consultation Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for pharmacy services and professional consultation services.

Aggregate Limit -- The Pharmacy Professional Liability including Professional Consultation Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for pharmacy services and professional consultation services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1115B-IL for Pharmacy Professional Liability including Professional Consultation Services.

The Pharmacy Professional Liability including Home Health Care Services endorsement contains provisions for the following limits:

Each Occurrence Limit – The Pharmacy Professional Liability including Home Health Care Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for pharmacy services and home health care services.

Aggregate Limit -- The Pharmacy Professional Liability including Home Health Care Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for pharmacy services and and home health care services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1116B-IL for Pharmacy Professional Liability including Home Health Care Services.

Rule 9.24.7 has been deleted from the Countrywide Exception Pages and replaced by the following:

9.24.7 Professional Consultation Services Liability

Coverage may be provided for Professional Consultation Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) for professional consultation services plus the per person charge. Gross receipts for professional consultation services include the total amount collected from medical equipment or devices, health care products and professional consultation services.

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Limit	Professional Consultation Services Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	Home Health Care Professional and/or Home Health Care Provider Charge (Per Person)
\$ 300,000	\$16.00
\$ 500,000	\$20.00
\$1,000,000	\$25.00
\$2,000,000	\$35.00

Professional Consultation Services Liability coverage is either included with Pharmacy Professional Liability for pharmacy risks (*under PM 1115B-IL*), or provided separately with the Professional Consultation Services Liability endorsement for non-pharmacy risks.

When attached, the Professional Consultation Services Liability endorsement includes provisions for the following limits:

Each Occurrence Limit – The Professional Consultation Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for professional consultation services.

Aggregate Limit -- The Professional Consultation Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for professional consultation services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1093B-IL for Non-pharmacy risk.

Rule 9.24.8 has been deleted from the Countrywide Exception Pages and replaced by the following:

9.24.8 Home Health Care Services Liability Coverage

Coverage may be provided for Home Health Care Services Liability. The additional premium charge is computed by multiplying the rate shown by the gross receipts (in thousands) for home health care services plus the per person charges. Gross receipts for home health care services include the total amounts collected from medical equipment or devices, health care products, and home health care services.

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Limit	Home Health Care Services Rates/\$1,000 of GROSS RECEIPTS
\$ 300,000	\$1.20
\$ 500,000	\$1.40
\$1,000,000	\$1.60
\$2,000,000	\$2.00

Limit	First Home Health Care Professional Charge	Additional Home Health Care Professional Charge (Per Person)	Home Health Care Services Provider Charge (Per Person)
\$ 300,000	\$800	\$160	\$16
\$ 500,000	\$1000	\$200	\$20
\$1,000,000	\$1200	\$250	\$25
\$2,000,000	\$1600	\$350	\$35

Home Health Care Services Liability coverage is either included with Pharmacy Professional Liability for pharmacy risks (*under PM 1116B-IL*), or provided separately with the Home Health Care Services Liability endorsement for non-pharmacy risks.

When attached, the Home Health Care Services Liability endorsement includes provisions for the following limits:

Each Occurrence Limit – The Home Health Care Services - Each Occurrence Limit is the most that will be paid for all damages arising out of a single occurrence covered for home health care services.

Aggregate Limit -- The Home Health Care Services - Aggregate Limit is the most that will be paid during each annual policy period for damages arising out of claims covered for home health care services. The rating for this coverage reflects an Aggregate Limit equal to two times the Each Occurrence Limit.

Attach endorsement PM 1098B-IL for Non-pharmacy risk.